

Montgomery County Schools



**Athletic Handbook
2016-2017**

Montgomery County Schools Athletic Handbook

In line with the mission and vision of the Montgomery County Schools, our athletic programs will seek to support learning and teaching for every student in a safe, nurturing environment. We will support engaging students in rigorous educational experiences in and out of the classroom and create positive sports experiences for all participants stressing moral and ethical development as well as physical and intellectual growth. Sportsmanship and high standards will drive our athletic programs, and students and staff will be accountable for their actions as they represent our schools as coaches and student athletes. Integrity, discipline, character, teamwork, and the value of hard work will drive our athletic programs, and these traits will be the means by which we measure our success in athletics.

Code of Conduct for Coaches

- ❖ Outside coaches not employed full time or part time by Montgomery County Schools must be at least 25 years of age and shall complete all required paperwork included in the coach's packet provided by the athletic director.
- ❖ All coaches shall complete the Ethics Training and sign the form provided and submit this form to the Human Resources Department at the Board of Education.
- ❖ All coaches must read the policy relevant to Student/Staff Relations and sign the form attached. This signed form must be submitted to the Human Resources Department.
- ❖ Coaches are required to review the NCHSAA power point presentation on eligibility rules prior to the season in which they coach. All coaches are expected to follow NCHSAA eligibility rules in all circumstances. The athletic director, and ultimately the principal of the school, is responsible for seeing that coaches know and follow all guidelines and policies.
- ❖ Coaches shall set an example of the highest ethical and moral conduct with all student athletes, parents, officials, school personnel, other coaches, the media, and the public.
- ❖ Coaches shall display the highest degree of sportsmanship and shall expect the same from student athletes. Coaches shall

- discipline athletes who display unacceptable behavior, and shall, at all times, discourage behaviors that may result in ejections from any contest.
- ❖ Coaches are responsible for being knowledgeable about game rules and shall be responsible for the interpretation of rules to those involved in the sport. At no time shall a coach try to circumvent rules of the sport.
 - ❖ All coaches shall promote and work in harmony with the total interscholastic program of the school.
 - ❖ Coaches shall respect and support contest officials by avoiding conduct which will incite players or spectators against the officials.
 - ❖ Coaches shall take an active role in the prevention of alcohol, tobacco, and other drug abuse while stressing the importance of a healthy lifestyle.
 - ❖ Coaches shall supervise athletes at all times. Supervision shall include before and after practice sessions and before and after games. At no time should athletes be left alone.
 - ❖ Coaches shall follow all guidelines in maintaining clear, accurate, and up-to-date medical records that help keep students safe in their athletic participation and are bound by privacy laws in protecting such information.
 - ❖ Coaches shall routinely check physicals throughout the season to assure that no physicals are outdated. No athletes can be allowed to participate in sports unless a current physical is on file for them.
 - ❖ Coaches shall prohibit, at all times, any behavior that resembles hazing.
 - ❖ Coaches shall meet with parents of student athletes before the beginning of every sports season. Student athletes and their parents are required to sign contracts stating that guidelines and requirements for participation in that sport are recognized and will be followed.
 - ❖ Each coach has his/her own policy on how he/she will select their team. In some sports, cutting a team down to a manageable size is a necessity. Coaches will explain their policy to prospective team members at the first meeting. A student-athlete may be cut from the team anytime during the season for the appropriate reasons.

- ❖ Coaches shall allow a minimum of two (2) days for tryouts for all sports.
- ❖ Coaches are not allowed to accept or receive any personal gifts from community members. Any team contributions or donations should be handled by your athletic director or administration.
- ❖ Coaches and student athletes are required to follow all guidelines for athletic participation as set forth by the State Board of Education, the North Carolina High School Athletic Association, the Montgomery County Schools, and the school where the student participates in athletics.
- ❖ Coaches are responsible for following Board policy 4120, 4130, 4150 in terms of student domicile, student assignment, and participation in sports.
- ❖ High school coaches are required to complete the Fundamentals of Coaching Class and the Concussion Course. A copy of your certificate of completion should be sent to the Human Resources Department.

Guidelines for Operation of School-Based Athletic Programs

- ❖ Athletic Directors shall facilitate presentation of the NCHSAA Eligibility Power Point for all coaches, including non-employee coaches.
- ❖ Athletic Directors shall facilitate parent meetings for all sports.
- ❖ Athletic Directors shall facilitate the process of getting physical forms to school nurses for review at the beginning of each sports season. Nurses shall submit a list of health concerns to the Athletic Director and Principal, making sure that they are aware of student athletes who have health issues.
- ❖ Athletic Directors and Principals shall be responsible for making sure that all coaches, assistant coaches, and trainers are aware of all health concerns, and that everyone involved with that student athlete understands how to deal with the health concern.
- ❖ At the beginning of each school year, every school shall submit a Crisis Plan to the Deputy Superintendent that meets the

requirements of the NCHSAA. Plans should be updated every year.

- ❖ All coaches, including non-employee and volunteer coaches, must go through the proper procedures for being hired as coaches in the Montgomery County Schools. That includes, but is not limited to a **completed application, health certificate and background check. In addition, it is mandatory that all high school coaches complete the Fundamentals of Coaching Class and the Concussion Training Course.** Athletic Directors should provide this information to coaches. These should be completed before their coaching duties begin.
A school shall follow Board policy 5015 in working with all volunteer coaches.
- ❖ Athletic Directors must assure that background checks have been processed on every volunteer or paid coach before they are allowed to participate in practice sessions or games. Before they are allowed to work with students in any form, we must have a background check on file. Volunteer Tracker is a new resource for providing coaches with the required forms for the background check process if they are volunteer coaches. They will still need to complete the coaching packet provided to the Athletic Director.
- ❖ A certified First Responder should be on site for all home football contests.
- ❖ High schools are responsible for inspecting football helmets on a yearly basis. Middle schools shall inspect football helmets every two years (beginning 2007).
- ❖ It shall be the responsibility of the Athletic Director and Principal to adhere to all MCS policies that pertain to academics, attendance, domicile, school assignment, and participation in sports.
- ❖ Each school is responsible for implementing a concussion plan. This plan should be followed in the event of a possible head injury. A copy of this plan should be on file and reviewed with each coach and trainer. Each school is responsible for having students and parents sign the concussion form indicating they have reviewed the plan. These signed forms should be kept on file at the school. (Concussion plan attached)

- ❖ It is mandatory that all co-ed sports have both male and female coaches/chaperones or supervisors with athletes for practice and contests at all times.
- ❖ Random drug testing of athletes will be conducted by an outside screening company. These results will be kept confidential in the Human Resources Department.

Guidelines for Coaches' Pay and Verification of Experience

- ❖ Schools will hire coaches according to the MCS approved coaches' pay scale which names the allotted coaching positions. Schools will not be allotted extra money for coaching positions that are not filled.
- ❖ Should a coach be hired to coach two sports (such as girls' and boys' basketball), the coach will be paid two salaries because these are two separate sports with two different practice and game schedules.
- ❖ Every coach shall fill out a verification of experience form that documents coaching experience in all sports. Verification forms must be signed and verified by the coach, the Athletic Director, and the Principal. **Verification forms must be turned in to the Human Resources Office at the Board of Education before being paid for coaching duties.**
- ❖ Coaches will be paid according to the MCS coaches' pay scale and shall be paid based on experience in the particular sport they are coaching.
- ❖ At the end of each sports season, a form for request of payment must be turned in to the county Athletic Director for approval. The form must be signed by the school Athletic Director and the Principal. The Principal and Athletic Director will verify years of experience in the sport coached, verify the amount to be paid, and sign the form which will be submitted to finance for payment.

Code of Conduct for Student Athletes

In addition to the rules of this code of Conduct, a participating student must, at all times, conform to guidelines set forth by the school and school system. Students must also follow all rules set forth by his/her coach and shall not receive any special privileges with regard to meeting his/her obligations to teachers or any other school personnel.

- ❖ Student athletes shall be expected to hold themselves to higher standards of conduct and performance as they represent their individual schools.
- ❖ Student athletes are responsible for knowing the rules of their sport and for following all state and local guidelines (i.e. – NCHSAA regulations).
- ❖ Students shall have a current physical on file at the school at all times. Physicals are valid for one year from the date of the examination, **and no student shall participate in sports without an up-to-date physical.**
- ❖ Parents shall attend a group meeting with the coach of the sport in which the student is participating. Parents and student athletes shall sign a contract agreeing to adhere to all guidelines.
- ❖ Student athletes are expected to travel with their team to all away contests and to travel back to the school with the team. Should extenuating circumstances arise, parents may transport their child from an event. Athletes may ride home from games with parents only. (They are not permitted to leave with brothers, sisters, aunts, uncles, friends, etc). The parents should communicate directly with the coach about transportation.
- ❖ Student athletes may not be involved at any level with alcohol, tobacco, or other drugs either on-campus or off-campus. Such behavior will result in suspension and possible ejection from any sports team, according to Montgomery County, school, and team guidelines.
- ❖ All student athletes at the high school level are required to participate in the new Montgomery County Schools Random Drug Testing Policy. (See back of handbook for policy)
- ❖ If a student athlete is placed in AISI on the day of a game for the entire day they will be ineligible to participate in a game on

that day. If a student athlete is placed in AISI for an entire day, the principal and athletic director will be allowed to decide if the student is allowed to participate in practice sessions for that day. If a student athlete is only in AISI for 1 or 2 cores or equal to less than ½ of the school day, it will be the decision of the individual coach and principal for participation in practice sessions or games for that day.

*** It is the expectation of Montgomery County Schools that student athletes that are assigned to AISI for any period of time should receive some type of disciplinary action by the coach (Example: running, after school detention, extra practice time, reduced playing time.) Student athletes are expected to set standards for behaviors.

- ❖ Students who are involved in behavior that results in suspension (in or out of school) shall be held accountable for such behavior. Students suspended from school are ineligible to participate in practice or games during the period of suspension. Board of Education policy prohibits these students from being on campus during the time of suspension. A student suspended for being in violation of the Board of Education's Drug and Alcohol Policy will be suspended from the team for the remainder of the season. Before any athletic suspension provided for under these rules shall take effect, the student shall be verbally advised by the head coach and Athletic Director of the alleged violation and the students will have an opportunity to explain or justify the action. If, after such conference, the head coach is satisfied that a suspension is warranted, the student and his/her parents will be notified.
- ❖ Any student athlete charged with a crime in the community is required to report it to their coach by the next school day. A committee including the Principal, County Office Representative, and Athletic Director, will review the charges to determine continued eligibility. If the student athlete is further convicted of a crime in the community the same committee will review the case again. If the charge warrants immediate placement at Montgomery Learning Academy the student will be ineligible to participate in sports at their home school.
- ❖ No athlete may quit one sport and try out for another after the season has begun without the mutual consent of both coaches and the Athletic Director. Any athlete who quits a team without

permission of the coach or who is officially dismissed from a team before the conclusion of the sports season (including playoffs) may not practice or participate with any other athletic team until that season is completed (including playoffs). An athlete is considered a member of a team if he/she is listed on the final team roster.

- ❖ Theft or malicious destruction of any school or individual's equipment or property will not be tolerated. These offenses, and any other serious violations of the code of student conduct that takes place on school grounds, will be reviewed by a committee for the assignment of appropriate consequences (including restitution) for the offense, based upon the facts of the specific case. The committee shall consist of the Head Coach, the school Athletic Director, the Principal, and the Deputy Superintendent. Any appeals of such consequences will be directly to the Superintendent. The final appeal of the Superintendent's decision by the parent and/or athlete is directly to the Montgomery County Schools Board of Education.
- ❖ Completion of the sports season is required in order for the student to be eligible for any award, letter (team, individual or academic). Exception: injury that limits participation (with doctor's confirmation). No awards shall be given to any student suspended for the remainder of the season for Athletic Code violations. The coaches may determine other guidelines for awards.
- ❖ A student who has been injured and has had medical treatment cannot participate again until the date indicated by the student's doctor.
- ❖ All student athletes are required to turn in uniforms and equipment that are issued to them unless otherwise approved and specified by the coach, Athletic Director and/or Principal. An athlete may not participate in any other sport until all equipment and uniforms have been returned to the coach of that team.
- ❖ The rules and regulations in this code shall pertain to any violations, on and off school premises, during the season of participation as students represent the school at all times.

Guidelines for Montgomery Learning Academy

Students currently enrolled in any program at Montgomery Learning Academy are not eligible to participate in any sports at middle or high school levels at their home schools.

Student/Parent Contract

We, the undersigned student and parent(s), have attended the meeting for participation in:

_____, on _____.
Sport Date

We have read the sports Code of Conduct for participation in athletics in the Montgomery County Schools, understand the contents, and agree to abide by the regulations that govern sports participation in this sport and in the Montgomery County Schools.

Student Signature/Date

Parent Signature/Date

Use of Activity Buses/Cleaning

Coaches are requested to ensure that all buses are clean upon their return to the school. All trash should be properly disposed of. It should not be expected for someone else to clean a mess that they did not create.

In addition, if there are any mechanical problems that you have become aware of, please notify the Athletic Director or administration.

No coach is allowed to use a specific bus. Decisions are made based on the number of players traveling and the distance of travel.

The school treasurer will keep the bus schedule for transportation and any questions should be directed to that person. Also, all activity bus keys will be kept in the office. Please return keys immediately after using the bus to make them available for others.

Coaches should consult with their Athletic Directors to assure that buses are reserved for athletic events through our new on-line Travel Tracker program.

Reporting Accidents and School Insurance

Any accidents occurring during practice or game participation should be reported to the office immediately. An accident report form should be completed with details of the injury. The office staff will complete the school insurance form that will be given to the parent/guardian.

School insurance is a secondary policy if the parent has additional insurance. All accidents should be filed with both insurance companies if parents have additional insurance.

Physicals

All athletes participating in sports are required to have an updated and current physical. Physicals are good for 365 days only. If a physical expires during the season, coaches may not allow that athlete to participate in any activity until they receive an updated physical.

Eligibility

Coaches must be certain that all athletes are eligible before allowing them to participate in activities. Coaches must check current physicals, grades, attendance and any other information that might prohibit eligibility. Eligibility sheets (pink sheets) must be turned into the office **one week prior** to the first contest for principal approval.

A copy of eligibility sheets must be submitted to the Deputy Superintendent prior to the 1st contest. The signature of the principal is required on eligibility sheets.

Parent /Athlete Pledge

Pledge forms must be signed before the first contest and given to the Athletic Director. Pledge forms should be signed at parent meetings that are required to be held at the beginning of each sports season.

Purchase of Supplies/Equipment

A purchase order signed by the principal is necessary before any purchases are made. No purchases will be made without the authorization of administration. If supplies are purchased without prior approval, the invoice will be the responsibility of the purchaser.

If you have equipment needs, please submit these in writing to the Athletic Director or the Principal for consideration. We would like to be able to assure that all teams have the equipment **needed** for their sport. We may not be able to provide all of the **wants** of the team, but we will do our best to provide the safest and most up-to-date equipment possible within our financial means.

Teamwork

All coaches are encouraged to be supportive of other coaches and the sports that they coach. All coaches are expected to support athletes who wish to play multiple sports and should work with other coaches to support the athlete.

The athletic department should be able to rely on all of its members for needs and assistance. We can accomplish much more when we all work together for the same outcome.

High School Athletic Booster Clubs

Schools are very fortunate to have the support of Athletic Booster Club members. They have always made every attempt to assist with any athletic needs that arise. They attend games and help out in many ways. Many of them serve in the capacity of coaches and volunteers. Please make efforts to attend Booster Club meetings and give your ideas for future plans. However, please remember that equipment and supply needs are to be submitted to the Athletic Director. Budgets can be reviewed at that point and requests may be made to the boosters for their consideration and assistance. We have many needs at our schools, but if we work together with our boosters we can find ways to meet those needs. All teams should have their needs considered, and we want to be fair in our requests.

Supervision of Athletes

Coaches should never leave athletes unsupervised. A member of the coaching staff should remain with them before practice, after practice, or when they are waiting for a ride home.

Reporting Seasonal Records/Conference/State

Coaches should turn in their season records to the athletic director at the end of each season. Please include overall record, conference players, conference titles/placement, and state playoff information.

We need to maintain these records for future reference.

Inventory

Coaches should turn in their equipment and uniform inventories at the end of each season to the Athletic Director.

Solicitation of Funds from Community

Individual coaches shall not solicit funds or accept any money, for any reason, from the community without prior permission from the Principal and Athletic Director.

Transporting Student/Athletes

At no time should a coach transport a student of the opposite sex in their personal vehicle, even if you have the permission of a parent/guardian.

This is a liability that no coach should assume. Always assure that your athletes have transportation and are not left alone, but you should not volunteer to take them home.

Athletes are not allowed to drive themselves to and/or from games. Athletes may ride home from games with parents only. (Not brothers, aunts, uncles, friends, etc.)

Social Media Communications Involving Students

Coaches should use professional judgment when using social media or other electronic communications at all times. All electronic

communications with students who are currently enrolled in the school system, must be school-related and within the scope of the employee's responsibilities. All coaches are prohibited from knowingly communicating with current students through personal social media without parental permission. An internet posting on a personal social media website intended for a particular student will be considered a form of direct communication with that student in violation of policy unless the parent has consented to the communication.

Sports Injuries and the Liability of the Coach

Coaches must be aware of what proper supervision should entail:

- Never leave the site where the activity is occurring.
- Be in a position to supervise.
- Anticipate problems. As a professional coach, you are expected to be able to identify potential dangers and take precautions against them. Included are such concerns as:
 1. Defective equipment
 2. Lack of safety measures
 3. Equipment/clothing which is poorly-fitted or defective
 4. Activities which are inappropriate for the capabilities or conditioning of the participants.
 5. Behavior that is inappropriate and could escalate into problems.
 6. Activities that could be or could lead into hazing.
- Never permit "horseplay" or undisciplined "rowdy" behavior.
- Never knowingly permit rules, regulations, or safety procedures to be violated.
- When introducing new skills or activities, never permit individual performances until you are confident that all group members are familiar with the skill/activity and the proper safety procedures.

Coaches must plan lessons so as to provide a reasonable progression of activities appropriate to the maturity and condition of the participants. Knowledge of, and ability to, properly apply first aid and emergency care procedures is also included in any consideration

of what makes a coach competent. The coach must adequately communicate risks involved and be certain that the participants understand and appreciate those risks. It is critical that coaches understand that knowledge of the risks is not enough. Warning the participants is not enough. There must be, on the part of the participants, an understanding and appreciation of the risks. Remember, an individual assumes only those risks of which he/she is knowledgeable and which he/she should appreciate.

Coaches, therefore, should:

- Explain the risks involved in the sport or activity.
- Provide an opportunity for the participants to gain an appreciation for those risks.
- Instruct in the precautions which can contribute to a reduction of the risk of injury.
- Consistently repeat - in various forms the lessons related to (a) risks, (b) possible consequences and (c) safety precautions.

Equipment and Facilities

Coaches have a responsibility to protect their athletes from the hazards presented by defective equipment. The fitting of football equipment is an example of an area in which coaching responsibilities are present. Likewise, coaches have obligations in overseeing the use of equipment, training apparatus, and sports areas to assure that proper and appropriate use is made of them.

Coaches should be aware that they are expected, by the courts, to appropriately inspect the areas and facilities used in their activities. Once an unsafe condition has been noted, it must immediately be called to the attention of those responsible for correcting such conditions. Having noted and reported the unsafe condition, the coach now has the obligation of protecting participants from the dangerous situation until it is corrected. This “protection” may include removing the activity from the area.

Among the areas that should be inspected by the coaches for reasonable safety include: gyms, courts, fields, bleachers and stands, safety devices and locker-shower facilities. If any of these appear to be unsafe areas, a report should be made to the Athletic Director or the administration.

In light of the prevalence of MRSA, coaches should be particularly aware of the cleanliness of equipment and should make concentrated efforts to disinfect training equipment, weight machines, and athletic facilities as is feasible and practical. As with any health issue, coaches should work closely with school nurses, the Athletic Director, and administration to prevent and treat any concerns that affect an athlete's health.

Attendance Requirements for Practice/Game Participation

Students must be in attendance 50% of the school day to be eligible to participate in practice or games.

If there is a contest to be held on Saturday, athletes must be in attendance 50% of the day on Friday.

- If an emergency situation arises (ex. illness, death, etc.) approval can be given by the Principal only to excuse the ½ day attendance rule for game days or a Saturday contest.

STUDENT ATHLETE ATTENDANCE POLICY

(Effective June 2015)

As of 2015 the North Carolina High School Athletic Association has turned over the enforcement of the attendance policy for student athletes to local LEA's.

At our spring 2015 Athletic Directors Meeting, we determined that beginning with the 2015-2016 school year, a student athlete cannot miss more than 15 class sessions in at least 3 of the passing classes for semester eligibility.

If a student exceeds 15 absences in a class that he/she receives credit for, it is the responsibility of the school to ensure that the student makes up any additional absence time over the 15 day limit.

If a student fails one class, makeup time is not required for that class.
Off season work out sessions and after school athletic activities
CANNOT be incorporated in the make-up time.

Example:

John Doe passes 1st, 2nd, and 3rd period but has 17 absences in each of the 3 classes and he fails 4th period and has 25 absences in that 4th period class, in order for John Doe to be eligible in our local attendance policy he would be required to make up 9 hours in the 3 passing classes.

The students' teachers should be utilized in creating a make-up schedule for mandatory time.

If you have questions please consult with your Athletic Director or contact Kevin Lancaster.

Coaches Contract

As a coach of Montgomery County Schools, (paid or volunteer), I have read and understand the contents of the 2016 - 2017 Athletic Handbook.

I agree to abide by these guidelines and regulations set forth by Montgomery County Schools.

Signature of Coach

Date

Signature of Athletic Director

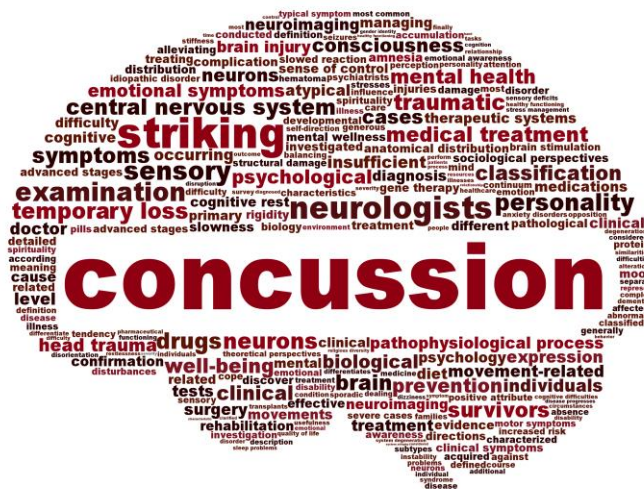
Date

(Coaches should sign this form and turn it into the Athletic Director at their school. Athletic Directors should keep these on file).

Gfeller-Waller

Concussion

Information



Gfeller-Waller Concussion Awareness Act Compliance Checklist

This checklist is designed to help each school be compliant with the Gfeller-Waller Concussion Awareness Act. All forms can be found on the home page website for the Gfeller-Waller Law AND under the specific sections on the website. ***According to the law, “each school shall maintain complete and accurate records of its compliance with the requirements ...”*** Beside each component is a checkbox each school can use as they complete the compliance steps each year.

Educational Compliance

1. ☐ Distribution of Concussion Information Sheet to student-athletes
☐ All fall sports ☐ All winter sports ☐ All spring sports
2. ☐ Signature forms (Concussion Information Sheet) collected from student-athletes
☐ All fall sports ☐ All winter sports ☐ All spring sports
3. ☐ Distribution of Concussion Information Sheet to parents/coaches/school nurses/volunteers
☐ All fall sports ☐ All winter sports ☐ All spring sports
4. ☐ Signature forms (Concussion Information Sheet) collected from parents/coaches/school nurses/volunteers
☐ All fall sports ☐ All winter sports ☐ All spring sports

Postconcussion Protocol/Plan Compliance

1. A Postconcussion Plan in place that at a minimum includes:
 - a. ☐ No same day return-to-play for any student-athlete exhibiting signs and symptoms consistent with concussion
 - b. ☐ Written clearance (use the form on the Gfeller-Waller Law website) by a medical professional trained in concussion management prior to return-to-play/practice for any athlete exhibiting signs and symptoms consistent with concussion

Emergency Action Plan Compliance

1. ☐ The school must have a venue specific Emergency Action Plan reviewed by an Athletic Trainer Licensed in North Carolina (LAT). If your school has an LAT, that person can review the EAP. If your school needs an LAT to review the plan, you can email the plan to: eap@ncathletictrainer.org. An LAT will review the plan and return it to the individual that emailed the plan for review.
2. ☐ The Emergency Action Plan shall include a delineation of roles, methods of communication, available emergency equipment, and access to and plan for emergency transport.
3. ☐ The Emergency Action Plan must be in writing.
4. ☐ The Emergency Action Plan must be provided to all coaches, administrators, volunteers, etc. involved in interscholastic athletics.
5. ☐ The Emergency Action Plan must be posted conspicuously at all venues.
6. ☐ The Emergency Action Plan must be annually reviewed and rehearsed by all licensed athletic trainers (LAT), first responders, coaches, school nurses, athletic directors, and volunteers for interscholastic athletics.
7. ☐ The Emergency Action Plan must be approved by the school principal.

☐ CONCUSSION EDUCATION STATEMENT FORMS FOR ALL SPORTS HAVE BEEN CHECKED AGAINST SPORT ROSTERS AND ARE CURRENTLY ON FILE WITH _____.

(NAME OF PERSON HOLDING FORMS)

- ☐ All fall sports ☐ All winter sports ☐ All spring sports

PRINCIPAL'S SIGNATURE (OR DESIGNEE): _____ DATE: _____

CONCUSSION

INFORMATION FOR *STUDENT-ATHLETES & PARENTS/LEGAL CUSTODIANS*

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.

Student-Athlete & Parent/Legal Custodian Concussion Statement

**If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.*

Student-Athlete Name: _____

This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Custodian Name(s): _____

- ☐ We have read the *Student-Athlete & Parent/Legal Custodian Concussion Information Sheet*.
If true, please check box.

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Custodian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be “seen.” Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date

CONCUSION

INFORMACION PARA ENTRENADORES/ENFERMERAS ESCOLARES/VOLUNTARIOS DE LA ESCUELA

¿Qué es una concusión? Una concusión es una lesión al cerebro causada por un golpe directo o indirecto en la cabeza. Y como resultado hace que el cerebro no funciones como debería. Puede o no hacer que usted vea todo oscuro o se desmaye. Puede pasarle a usted por una caída, un golpe en la cabeza, o un golpe al cuerpo que ocasiona que su cabeza y su cerebro se muevan rápido hacia atrás y adelante.

¿Cómo puedo reconocer una concusión? Hay muchos indicios y síntomas que una persona puede presentar después de una concusión y que pueden afectar su manera de pensar, lo que siente, su estado de ánimo o el sueño.

Pensamiento/Memoria	Físico	Emocional/Animo	Sueño
Dificultad para pensar con claridad	Dolor de cabeza	Irritabilidad	Dormir más de lo habitual
Sentirse decaído	Visión confusa o borrosa	Tristeza	Dormir menos de lo habitual
Dificultad para concentrarse	Nausea/Vomito	Mas emocional de lo habitual	Dificultad para quedarse dormido
Dificultad para recordar información nueva	Mareo	Sensación de estar nervioso o preocupado	
	Problemas de Equilibrio		
	Sensibilidad al ruido o luz		

Tabla del Centro para el Control y Prevención de Enfermedades (<http://www.cdc.gov/concussion/>)

¿Qué debo hacer si pienso que un estudiante atleta ha sufrido una concusión? Si usted sospecha que un estudiante-atleta presenta una combinación de los indicios y síntomas antes mencionados, usted lo saca inmediatamente de participar, informa a los padres, y/o lo remite al personal médico apropiado.

¿Cuáles son las señales de advertencia más importantes de que una lesión en la cabeza pudo haber ocurrido? Si tiene un dolor de cabeza que empeora con el tiempo, presenta pérdida de coordinación o movimientos anormales del cuerpo, tiene nausea en repetidas ocasiones, vomita o balbucea, usted debe inmediatamente remitirlo al personal médico apropiado.

¿Cuáles son algunas de las cuestiones a largo plazo o acumulativas que resultan de una concusión? El individuo puede tener problemas en algunas de las clases de la escuela y con las actividades de casa. Más adelante, especialmente si la lesión no se trata adecuadamente o si regresa a jugar muy pronto, es posible que presente episodios de depresión, no se sienta bien, o tenga dificultad para recordar las cosas por mucho tiempo. Ya que el individuo tuvo una concusión, es posible que sea más propenso a sufrir otra concusión.

¿Cómo puedo saber si está bien para un estudiante-atleta regresar a participar después de que se sospecha tuvo una concusión? Cualquier estudiante-atleta que presenta indicios o síntomas compatibles de una concusión debe ser inmediatamente retirado del juego o practica y enviado al personal medico apropiado. No deben volver al juego o practica en el mismo dia. Para regresar a jugar o practicar, van a necesitar autorización por escrito de un medico profesional entrenado en manejo de concusiones.

Ningún atleta debe volver a jugar o practicar mientras que experimenta todos los indicios y síntomas relacionados con una concusión después de haber reposado o de estar activo.

Declaración de Contusión para el Entrenador/Enfermera de la Escuela/Voluntario

☐ He leído la Hoja de Información de Contusión. *Si verdadero, por favor marque la casilla.*

☐ Yo no debo permitir que cualquier estudiante-atleta que exhiba signos y síntomas consistentes con una contusión cerebral vuelva a jugar o a practicar durante el mismo día. *Si usted está de acuerdo, por favor marque la casilla.*

Después de leer la hoja de información, estoy consciente de la siguiente información:

____ Una contusión es una lesión cerebral.
Inicial

____ Una contusión puede afectar la capacidad del estudiante-atleta para realizar actividades cotidianas, su capacidad para pensar, su equilibrio, y su rendimiento en el salón de clases.
Inicial

____ Yo sé que no puedo ver una contusión, pero podría notar algunos signos en un estudiante-atleta de inmediato. Otros signos/síntomas pueden aparecer horas o días después de la lesión.
Inicial

____ Si sospecho que un estudiante-atleta tiene una contusión, yo soy responsable por quitarlo de una actividad y de referirlo a un profesional de la medicina entrenado en el manejo de contusiones.
Inicial

____ Los estudiantes-atletas necesitan autorización escrita de parte de un profesional de la medicina entrenado en el manejo de contusiones para volver a jugar o a practicar después de una contusión.
Inicial

____ No permitiré a ningún estudiante-atleta volver a jugar o a practicar si sospecho que él/ella ha recibido un golpe en la cabeza o en el cuerpo que produjo signos o síntomas consistentes con una contusión.
Inicial

____ Después de una contusión, el cerebro necesita tiempo para sanar. Entiendo que los estudiantes-atletas son mucho más probables a tener otra contusión o más grave lesión cerebral si regresan a jugar o a practicar antes de resolver los síntomas.
Inicial

____ En raros casos, repetidas contusiones pueden ocasionar problemas graves y duraderos.
Inicial

____ He leído los signos/síntomas enumerados en la Hoja de Información de Contusión.
Inicial

Firma del Entrenador/Padre/Enfermera de la Escuela/Voluntario

Fecha

Nombre impreso del Entrenador/Padre/Enfermera de la Escuela/Voluntario

Nombre Impreso del Estudiante-Atleta (Padre)

CONCUSSION

INFORMATION FOR *COACHES/SCHOOL NURSES/SCHOOL VOLUNTEERS*

What is a concussion? A concussion is a traumatic brain injury caused by a direct or indirect impact to the head that results in disruption of normal brain function, which may or may not result in loss of consciousness. It can occur from a fall, a blow to the head, or a blow to the body that causes the head and the brain to move quickly back and forth.

How do I recognize a concussion? There are many signs and symptoms a person may experience following concussion that can affect their thinking, emotions or mood, physical abilities, or sleep.

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability	Sleeping more than usual
Feeling slowed down	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Nausea/Vomiting	More emotional than normal	Trouble falling asleep
Difficulty remembering new information	Dizziness	Feeling nervous or anxious	
	Balance problems	Crying more	
	Sensitivity to noise or light		

Table from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

What should I do if I think a student-athlete has sustained a concussion? If you suspect a student-athlete is experiencing any of the signs and symptoms listed above, you immediately remove them from participation, let their parents know, and/or refer them to the appropriate medical personnel.

What are the warning signs that a more significant head injury may have occurred? If they have a headache that gets worse over time, experience loss of coordination or abnormal body movements, have repeated nausea, vomiting, slurred speech, or you witness what you believe to be a severe head impact, you should refer them to appropriate medical personnel immediately.

What are some of the long-term or cumulative issues that may result from a concussion?

Individuals may have trouble in some of their classes at school or even with activities at home. Down the road, especially if their injury is not managed properly, or if they return to play too early, they may experience issues such as being depressed, not feeling well, or have trouble remembering things for a long time. Once an individual has a concussion, they are also more likely to sustain another concussion.

How do I know when it's ok for a student-athlete to return to participation after a suspected concussion?

Any student-athlete experiencing signs and symptoms consistent with a concussion should be immediately removed from play or practice and referred to appropriate medical personnel. They should not be returned to play or practice on the same day. To return to play or practice, they will need written clearance from a medical professional trained in concussion management.

No athlete should be returned to play or practice while experiencing any concussion-related signs or symptoms following rest or activity.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.

Coach/School Nurse/Volunteer Concussion Statement

☐ I have read the *Concussion Information Sheet*. If true, please check box.

☐ I should not allow any student-athlete exhibiting signs and symptoms consistent with concussion to return to play or practice on the same day. If you agree, please check box.

After reading the information sheet, I am aware of the following information:

_____ A concussion is a brain injury.
Initial

_____ A concussion can affect a student-athlete's ability to perform everyday activities, their ability to think, their balance, and their classroom performance.
Initial

_____ I realize I cannot see a concussion, but I might notice some of the signs in a student-athlete right away. other signs/symptoms can show-up hours or days after the injury.
Initial

_____ If I suspect a student-athlete has a concussion, I am responsible for removing them from activity and referring them to a medical professional trained in concussion management.
Initial

_____ Student-athletes need written clearance from a medical professional trained in concussion management to return to play or practice after a concussion.
Initial

_____ I will not allow any student-athlete to return to play or practice if I suspect that he/she has received a blow to the head or body that resulted in signs or symptoms consistent with concussion.
Initial

_____ Following concussion the brain needs time to heal. I understand that student-athletes are much more likely to sustain another concussion or more serious brain injury if they return to play or practice before symptoms resolve.
Initial

_____ In rare cases, repeat concussions can cause serious and long-lasting problems.
Initial

_____ I have read the signs/symptoms listed on the Concussion Information Sheet.
Initial

Signature of Coach/School Nurse/Volunteer

Date

Printed name of Coach/School Nurse/Volunteer

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2011**

**SESSION LAW 2011-147
HOUSE BILL 792**

AN ACT TO ENACT THE GFELLER-WALLER CONCUSSION AWARENESS ACT.

The General Assembly of North Carolina enacts:

TITLE OF ACT

SECTION 1. This act may be known and cited as the Gfeller-Waller Concussion Awareness Act.

DEVELOPMENT OF AN ATHLETIC CONCUSSION SAFETY TRAINING PROGRAM

SECTION 2.(a) The Matthew A. Gfeller Sport-Related Traumatic Brain Injury Research Center at UNC-Chapel Hill in consultation with the North Carolina Medical Society, the North Carolina Athletic Trainers Association, the Brain Injury Association of North Carolina, the North Carolina Neuropsychological Society, the North Carolina High School Athletic Association, Inc., and the Department of Public Instruction shall develop an athletic concussion safety training program. The program shall be developed for the use of coaches, school nurses, school athletic directors, volunteers, students who participate in interscholastic athletic activities in the public schools, and the parents of these students.

SECTION 2.(b) The program shall include, but not be limited to, the following:

- (1) Written information detailing the recognition of the signs and symptoms of concussions and other head injuries.
- (2) A description of the physiology and the potential short-term and long-term effects of concussions and other head injuries.
- (3) The medical return-to-play protocol for postconcussion participation in interscholastic athletic activities.

CONCUSSION SAFETY REQUIREMENTS FOR INTERSCHOLASTIC ATHLETIC COMPETITION

SECTION 3. G.S. 115C-12(23) reads as rewritten:

"(23) Power to Adopt Eligibility Rules for Interscholastic Athletic Competition. – The State Board of Education ~~may~~shall adopt rules governing interscholastic athletic activities conducted by local boards of education, including eligibility for student participation. With regard to middle schools and high schools, the rules shall provide for the following:

- a. All coaches, school nurses, athletic directors, first responders, volunteers, students who participate in interscholastic athletic activities, and the parents of those students shall receive, on an annual basis, a concussion and head injury information sheet. School employees, first responders, volunteers, and students must sign the sheet and return it to the coach before they can participate in interscholastic athletic activities, including tryouts, practices, or competition. Parents must sign the sheet and return it to the coach before their children can participate in any such interscholastic athletic activities. The signed sheets shall be maintained in accordance with sub-subdivision d. of this subdivision.

For the purpose of this subdivision, a concussion is a traumatic brain injury caused by a direct or indirect impact to the head that



results in disruption of normal brain function, which may or may not result in loss of consciousness.

- b. If a student participating in an interscholastic athletic activity exhibits signs or symptoms consistent with concussion, the student shall be removed from the activity at that time and shall not be allowed to return to play or practice that day. The student shall not return to play or practice on a subsequent day until the student is evaluated by and receives written clearance for such participation from (i) a physician licensed under Article 1 of Chapter 90 of the General Statutes with training in concussion management, (ii) a neuropsychologist licensed under Article 18A of Chapter 90 of the General Statutes with training in concussion management and working in consultation with a physician licensed under Article 1 of Chapter 90 of the General Statutes, (iii) an athletic trainer licensed under Article 34 of Chapter 90 of the General Statutes, (iv) a physician assistant, consistent with the limitations of G.S. 90-18.1, or (v) a nurse practitioner, consistent with the limitations of G.S. 90-18.2.
- c. Each school shall develop a venue specific emergency action plan to deal with serious injuries and acute medical conditions in which the condition of the patient may deteriorate rapidly. The plan shall include a delineation of roles, methods of communication, available emergency equipment, and access to and plan for emergency transport. This plan must be (i) in writing, (ii) reviewed by an athletic trainer licensed in North Carolina, (iii) approved by the principal of the school, (iv) distributed to all appropriate personnel, (v) posted conspicuously at all venues, and (vi) reviewed and rehearsed annually by all licensed athletic trainers, first responders, coaches, school nurses, athletic directors, and volunteers for interscholastic athletic activities.
- d. Each school shall maintain complete and accurate records of its compliance with the requirements of this subdivision pertaining to head injuries.

The State Board of Education may authorize a designated organization to apply and enforce the Board's rules governing participation in interscholastic athletic activities at the high school level."

EFFECTIVE DATE

SECTION 4. This act is effective when it becomes law and applies beginning with the 2011-2012 school year.

In the General Assembly read three times and ratified this the 13th day of June, 2011.

s/ Walter H. Dalton
President of the Senate

s/ Dale R. Folwell
Speaker Pro Tempore of the House of Representatives

s/ Beverly E. Perdue
Governor

Approved 11:55 a.m. this 16th day of June, 2011

Gfeller-Waller Concussion Clearance - NCHSAA Return to Play Form

All medical providers are encouraged to review the CDC site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. Providers should refer to NC Session Law 2011-147, House Bill 792 Gfeller-Waller Concussion Awareness Act for requirements for clearance, and please initial any recommendations you select. (Adapted from the Acute Concussion Evaluation (ACE) care plan (<http://www.cdc.gov/concussion/index.html>) and the NCHSAA concussion Return to Play Form.)

Athlete's Name _____ Date of Birth _____
School _____ Team/Sport _____

INJURY HISTORY

Person Completing Injury History Section (circle one): Licensed Athletic Trainer | First Responder | Coach | Parent

Date of Injury _____ Name of person completing form: _____ ☐ Please see attached information

Following the injury, did the athlete experience:	Circle one	Duration (write number/ circle appropriate)	Comments
Loss of consciousness or unresponsiveness?	YES NO	_____ minutes / hours	
Seizure or convulsive activity?	YES NO	_____ minutes / hours	
Balance problems/unsteadiness?	YES NO	_____ hrs / days / weeks /continues	
Dizziness?	YES NO	_____ hrs / days / weeks /continues	
Headache?	YES NO	_____ hrs / days / weeks /continues	
Nausea?	YES NO	_____ hrs / days / weeks /continues	
Emotional Instability (abnormal laughing, crying, anger?)	YES NO	_____ hrs / days / weeks/ continues	
Confusion?	YES NO	_____ hrs / days / weeks /continues	
Difficulty concentrating?	YES NO	_____ hrs / days / weeks /continues	
Vision problems?	YES NO	_____ hrs / days / weeks /continues	
Other	YES NO		

Describe the injury, or give additional details: _____

MEDICAL PROVIDER RECOMMENDATIONS

(to be completed by a medical provider)

This return to play (RTP) plan is based on today's evaluation.

RETURN TO SPORTS

PLEASE NOTE

- Athletes are not allowed return to practice or play the same day that their head injury occurred.**
- Athletes should never return to play or practice if they still have ANY symptoms.**
- Athletes, be sure that your coach and /or athletic trainer are aware of your injury, symptoms, and has the contact information for the treating physician.

SCHOOL (ACADEMICS) ☐ May return to school now ☐ May return to school on ____ ☐ Out of school until follow-up visit

PHYSICAL EDUCATION ☐ Do NOT return to PE class at this time ☐ May return to PE class ☐ Can return to PE class after RTP progression

SPORTS

(check all that apply)

- ☐ Do not return to sports practice or competition at this time.
- ☐ May start return to play progression under the supervision of the health care provider for your school or team
- ☐ May be advanced back to competition after phone conversation with attending physician
- ☐ Must return to medical provider for final clearance to return to competition
- ☐ Has completed a gradual RTP progression (see example on reverse) w/o any recurrence of symptoms & is cleared for full participation

Additional comments/instructions: _____

Physician Name (please print) _____ MD or DO

Signature (Required) _____

Date _____

Office Address _____

Phone Number _____

- All NC public high school and middle school athletes must have an MD signature to return to play
- More than one evaluation is typically necessary for medical clearance for concussion as symptoms may not fully present for days. Due to the need to monitor concussions for recurrence of signs & symptoms with cognitive or physical stress, **Emergency Room and Urgent Care physicians typically do not make clearance decisions at the time of first visit.**
- Physician signing this form is licensed under Article 1 of Chapter 90 of the General Statutes and has training in concussion management.

A physician may delegate aspects of the RTP process to a licensed athletic trainer, nurse practitioner or physician assistant, and may work in collaboration with a licensed neuropsychologist in compliance with the Gfeller-Waller Concussion Law for RTP clearance.

Medical Provider Name (please print) _____

NP, PA-C, LAT, Neuropsychologist (please circle one)

Office Address _____

Phone Number _____

Signature _____

Date _____

Name and contact information of supervising/collaborating physician

Name of Athlete: _____

Academic Recommendations (to be completed by a medical provider)

Following concussion individuals need both cognitive and physical rest to allow for the best and quickest recovery. Activities such as reading, watching TV or movies, video games, working/playing on the computer and/or texting heavily stimulates the brain and can lead to prolonged symptom recovery. Therefore, immediately following a concussion mental rest is key. Student-athletes present a challenge, as they will often have school the day following an injury. Healthcare providers need to consider if modifications to school activities should be made to help facilitate a more rapid recovery. Modifications that may be helpful follow:

Return to school with the following supports:

- ☐ Shortened day. Recommended ____ hours per day until (date) _____
- ☐ Shortened classes (i.e. rest breaks during classes). Maximum class length ____ minutes.
- ☐ Allow extra time to complete coursework/assignments and test.
- ☐ Lessen homework load to maximum nightly ____ minutes, no more than ____ min continuous.
- ☐ Lessen computer time to maximum ____ minutes, no more than ____ min continuous.
- ☐ No significant classroom or standardized testing at this time, as this does not reflect the patient's true abilities.
- ☐ Check for the return of symptoms when doing activities that require a lot of attention or concentration.
- ☐ Take rest breaks during the day as needed.

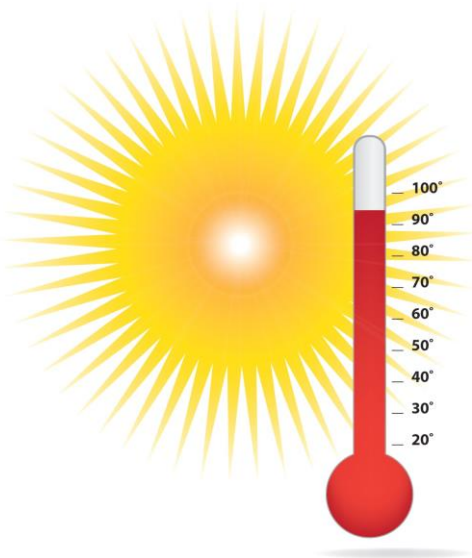
Gradual Return to Play Plan

Once the athlete is completely symptom-free at rest, and has no symptoms with cognitive stress (i.e. reading or school work), a gradual return to play progression can be started. All players must complete a Return to Play Protocol that proceeds in a step-wise fashion with gradual, progressive stages. This begins with light aerobic exercise designed only to increase your heart rate (e.g. stationary cycle), then progresses to increasing heart rate with movement (e.g. running), then adds increased intensity and sport-specific movements requiring more levels of neuromuscular coordination and balance including non-contact drills and finally, full practice with controlled contact prior to final clearance to competition. Monitoring of acute signs/symptoms during the activity, and delayed symptoms at 24 hours post-activity should be conducted. It is important that athletes pay careful attention to note any recurrence of symptoms (headache, dizziness, vision problems, lack of coordination, etc) both during and in the minutes to hours after each stage. After supervised completion of each stage without recurrence of symptoms, athletes are advanced to the next stage of activity. An athlete should ONLY be progressed to the next stage if they do not experience any symptoms at the present level. If their symptoms recur, they must stop and rest. Once symptom-free, the athlete returns to the previous stage of the protocol that they completed without recurrence of symptoms. If an athlete has to “re-start” twice, consultation with a healthcare provider is suggested. An *example* of a Return-To-Play protocol is found below:

STAGE	EXERCISE	DATE	COMPLETED/COMMENTS	SUPERVISED BY
1	20-30 min of cardio activity: walking, stationary bike. Weightlifting at light intensity (no bench, no squat): low weight, high reps. Goal: 30-40% of maximum HR			
2	30 min of cardio activity: jogging at medium pace. Sit-ups, push-ups, lunge walks x 25 each. Weightlifting at moderate intensity. Goal: 40-60% of maximum HR			
3	30 minutes of cardio activity: running at fast pace. Sit-ups, push-ups, lunge walks x 50 each. Sport-specific agility drills in three planes of movement. Resume regular weightlifting routine. Goal 60-80% of maximum HR			
4*	Participate in non-contact practice drills. Warm-up and stretch x 10 minutes. Intense, non-contact, sport-specific agility drills x 60 minutes. Goal 80-100% of maximum HR			
5	Participate in controlled contact practice.			
6	Resume full participation in competition.			

*Consider consultation with collaborating physician regarding athlete's progress prior to initiating contact at Stage 5

Heat and Humidity Guidelines



HEAT GUIDELINES for NCHSAA

The fundamentals of a Heat Acclimatization Program are as follows:

- 1) A Certified Athletic Trainer or 1st Responder **MUST** be in attendance at all football practices and games.
- 2) Physical exertion and training activities should begin slowly and continue progressively. An athlete cannot be conditioned in a period of only two to three weeks.
 - a. Begin with shorter, less intense practices and training activities, with longer recovery intervals between bouts of activity.
 - b. Minimize protective gear (helmets only, no shoulder pads) during first several practices, and introduce additional uniform and protective gear progressively over successive days.
 - c. Emphasize instruction over conditioning during the first several practices.
- 3) Keep each athlete's individual level of conditioning and medical status in mind and adjust activity according. These factors directly affect exertional heat illness risk. For example, there is an increased risk if the athlete is obese, unfit, has been recently ill, has a previous history of exertional heat illness, or has Sickle Cell Trait.
- 4) Adjust intensity (lower) and rest breaks (increase frequency/duration), and consider reducing uniform and protective equipment, while being sure to monitor all players more closely as conditions are increasingly warm/humid, especially if there is a change in weather from the previous few days.
- 5) Athletes must begin practices and training activities adequately hydrated.
- 6) Recognize early signs of distress and developing exertional heat illness, and promptly adjust activity and treat appropriately. First aid should not be delayed.
- 7) Recognize more serious signs of exertional heat illness (clumsiness, stumbling, collapse, obvious behavioral changes and /or other central nervous system problems), immediately stop activity and promptly seek medical attention by activating the Emergency Medical System. On-site rapid cooling should begin immediately.
- 8) An Emergency Action Plan (EAP) with clearly defined written and practiced protocols should be developed and in place ahead of time.
- 9) Prior to season all coaches, athletic training personnel and first responders working with team should review signs and symptoms of heat illness and the emergency action plan for their school.

Precautions must be taken to prevent heat-related problems. Please pay particular attention to the following:

- A Heat Index chart should be available at practices and contests
- A copy of the Emergency Action Plan that outlines steps to take in case of severe environmental conditions, should be on-site.
- Supplies for rapid cooling should be on-site. These should include a simple "toddler swimming pool" or tank for rapid immersion.

Management and Prevention Guidelines and Recommendations

1. Measure WBGT reading if this can be done accurately onsite. If not, determine this from weather station or reliable airport site within 5 to 10 miles of practice site. If WBGT is not available, determine temperature in F/C and Relative Humidity and refer to the following Heat Index Chart :

Heat Index and Physical Exercise Chart		
WBGT Index (F)	Color Code	Athletic Activity Guideline
Less than 80	White	Unlimited activity with primary cautions for new or unconditioned athletes or extreme exertion; schedule mandatory rest / water breaks (5 min water / rest break every 30 min)
80-84.9	Green	Normal practice for athletes; closely monitor new or unconditioned athletes and all athletes during extreme exertion. Schedule mandatory rest / water breaks. (5 min water / rest break every 25 min)
85-87.9	Yellow(Amber)	New or unconditioned athletes should not practice. Well conditioned athletes should have more frequent rest breaks and hydration as well as cautious monitoring for symptoms of heat illness. Schedule frequent mandatory rest / water breaks. (5 min water / rest break every 20 min) Have immersion pool on site for practice.
88-89.9	Red	All athletes must be under constant observation and supervision. Remove pads and equipment. Schedule frequent mandatory rest / water breaks. (5 min water / rest break every 15 min) Have immersion pool on site for practice.
90 or Above	Black	SUSPEND PRACTICE

(Color codes are for your use if desired)

1. As temperatures increase, minimize clothing and equipment.
2. Provide unlimited drinking opportunities during hotter practices. NEVER withhold water from athletes.
3. If and when possible, pre and post-practice weigh-ins should be conducted. (NOTE: an athlete who is not within 3% of the previous pre-practice weight should be withheld from practice. These athletes should be counseled on the importance of re-hydrating.)

NOAA's National Weather Service

Heat Index

Temperature (°F)

	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110
40	80	81	83	85	88	91	94	97	101	105	109	114	119	124	130	136
45	80	82	84	87	89	93	96	100	104	109	114	119	124	130	137	
50	81	83	85	88	91	95	99	103	108	113	118	124	131	137		
55	81	84	86	89	93	97	101	106	112	117	124	130	137			
60	82	84	88	91	95	100	105	110	116	123	129	137				
65	82	85	89	93	98	103	108	114	121	128	136					
70	83	86	90	95	100	105	112	119	126	134						
75	84	88	92	97	103	109	116	124	132							
80	84	89	94	100	106	113	121	129								
85	85	90	96	102	110	117	126	135								
90	86	91	98	105	113	122	131									
95	86	93	100	108	117	127										
100	87	95	103	112	121	132										

Likelihood of Heat Disorders with Prolonged Exposure or Strenuous Activity

Caution

Extreme Caution

Danger

Extreme Danger

Bright Yellow Zone – **CAUTION**: Normal practice for athletes, closely monitor new or unconditioned athletes or all athletes during extreme exertion. Schedule mandatory rest / water breaks. (5 min water / rest break every 25 min)

Gold Zone – **EXTREME CAUTION**: New or unconditioned athletes should not practice. Well-conditioned athletes should have more frequent rest breaks and hydration as well as cautious monitoring for symptoms of heat illness. Schedule frequent mandatory rest / water breaks. (5 min water / rest break every 20 min) Have immersion pool on site for practice.

Orange Zone – **DANGER**: All athletes must be under constant observation and supervision. Remove pads and equipment. Schedule frequent mandatory rest / water breaks. (5 min water / rest break every 15 min) Have immersion pool on site for practice.

Dark Red Zone – **EXTREME DANGER: SUSPEND PRACTICE**

Management of suspected or possible Heat Stroke

Activate emergency medical system immediately; if appropriate medical staff is on-site, cool first and transport second whenever possible.

Remove all equipment and excess clothing.

Immerse the athlete in a tub of cold water (the colder the better); water temperature should be between 35 to 60°F (2 to 15°C); ice water is ideal but even tepid water is helpful; maintain an appropriately cool water temperature; stir the water vigorously during cooling.

Monitor vital signs (rectal temperature, heart rate, respiratory rate, blood pressure) and mental status continually. Maintain patient safety.

Cease cooling when rectal temperature reaches 101 to 102°F (38.3 to 38.9°C).

NOTE: Since rectal temperature measurement is essential for diagnosis and management of a heat stroke, when possible a Rectal Thermometer should be accessible on-site.

Alternative cooling

- When immersion is not available follow all other steps above and do the following:
- Place icepacks at head, neck, axillae and groin
- Bathe face and trunk with iced or tepid water
- Fan athlete to help the cooling process
- Move to shaded or air conditioned area if available near the practice site.

HEAT EXHAUSTION

The clinical criteria for heat exhaustion generally include the following:

- Athlete has obvious difficulty continuing with exercise
- Body temperature is usually 101 to 104°F (38.3 to 40.0°C) at the time of collapse
- No significant dysfunction of the central nervous system is present (e.g, seizure, altered consciousness, persistent delirium)

If any central nervous system dysfunction develops, such as mild confusion, it resolves quickly with rest and cooling.

Patients with heat exhaustion may also manifest:

- Tachycardia and hypotension
- Extreme weakness
- Dehydration and electrolyte losses
- Ataxia and coordination problems, syncope, light-headedness
- Profuse sweating, pallor, “prickly heat” sensations
- Headache
- Abdominal cramps, nausea, vomiting, diarrhea
- Persistent muscle cramps

SIGNS AND SYMPTOMS OF HEAT STROKE

The two main criteria for diagnosing exertional heat stroke:

Rectal temperature above 104°F (40°C), measured immediately following collapse during strenuous activity

CNS dysfunction: possible symptoms and signs: disorientation, headache, irrational behavior, irritability, emotional instability, confusion, altered consciousness, coma, or seizure.

CLINICAL FINDINGS:

Most patients are tachycardic and hypotensive.

Hyperventilation, dizziness, nausea, vomiting, diarrhea, weakness, profuse sweating

Dehydration, dry mouth, thirst, muscle cramps, loss of muscle function, and ataxia.

Absence of sweating with heat stroke is not typical and usually indicates additional medical issues.

Ref. Oconor and Casa UpToDate 2012

Developing Emergency Action Plans



General Guidelines for Developing Emergency Action Plans

1. Establish Roles – adapt to specific team/sport/venue, may be best to have more than one person assigned to each role in case of absence/turnover

- Immediate care of the athlete
 - Typically physician, ATC, first responder but also those trained in basic life support
- Activation of Emergency Medical System
 - Could be school administrator, anyone
- Emergency equipment retrieval
 - Could be student assistant, coach, anyone
- Direction of EMS to scene
 - Could be administrator, coach, student assistant, anyone

2. Communication

- Primary method
 - May be fixed (landline) or mobile (cellular phone, radio)
 - List all key personnel and all phones associated with this person
- Back-up method
 - Often a landline
- Test prior to event
 - Cell phone/radio reception can vary, batteries charged, landline working
 - Make sure communication methods are accessible (identify and post location, are there locks or other barriers, change available for pay-phone)
- Activation of EMS
 - Identify contact numbers (911, ambulance, police, fire, hospital, poison control, suicide hotline)
 - Prepare script (caller name/location/phone number, nature of emergency, number of victims and their condition, what treatment initiated, specific directions to scene)
 - Post both of the above near communication devices, other visible locations in venue, and circulate to appropriate personnel
- Student emergency information
 - Critical medical information (conditions, medications, allergies)
 - Emergency contact information (parent / guardian)
 - Accessible (keep with athletic trainer for example)

3. Emergency Equipment

- e.g. Automated External Defibrillators, bag-valve mask, spine board, splints
- Personnel trained in advance on proper use
- Must be accessible (identify and post location, within acceptable distance for each venue, are there locks or other barriers)
- Proper condition and maintenance
 - document inspection (log book)

4. Emergency Transportation

- Ambulance on site for high risk events (understand there is a difference between basic life support and advanced life support vehicles / personnel)
 - Designated location
 - Clear route for exiting venue
- When ambulance not on site
 - Entrance to venue clearly marked and accessible
 - Identify parking/loading point and confirm area is clear
- Coordinate ahead of time with local emergency medical services

5. Additional considerations

- Must be venue specific (football field, gymnasium, etc)
- Put plan in writing
- Involve all appropriate personnel (administrators, coaches, sports medicine, EMS)
 - Development
 - Approval with signatures
- Post the plan in visible areas of each venue and distribute
- Review plan at least annually
- Rehearse plan at least annually
- Document
 - Events of emergency situation
 - Evaluation of response
 - Rehearsal, training, equipment maintenance

Additional Considerations for Specific Conditions When Developing an EAP

1. Sudden Cardiac Arrest

- Goal of initiating Cardio-Pulmonary Resuscitation within 1 minute of collapse
 - Targeted first responders (e.g. ATC, first responders, coaches) should receive CPR training and maintain certification
- Goal of “shock” from a defibrillator within 3-5 minutes of collapse
 - Consider obtaining Automated External Defibrillator(s)
 - Understand that in most communities the time from EMS activation to shock is 6.1 minutes on average and can be longer in some places
 - Appropriate training, maintenance, and access
 - Notify EMS of AED type, number, and exact location
- Additional equipment to consider beyond AED
 - Barrier shield device/pocket masks for rescue breathing
 - Bag-valve mask
 - Oxygen source
 - Oral and nasopharyngeal airways

2. Heat Illness

- Follow NCHSAA heat and humidity guidelines
- Inquire about sickle cell trait status on Pre-Participation form
 - consider those with the trait to be “susceptible to heat illness”
 - those with the trait should not be subject to timed workouts
 - those with the trait should be removed from participation immediately if any sign of “exhaustion” or “struggling” is observed
- If heat illness is suspected
 - Activate EMS immediately
 - Begin cooling measures
 - Shade, cool environment
 - Ice water immersion, ice packs, soaked towels, fan and mist
- Any victim of heat illness should see a physician before return to play

3. Head and Neck injury

- Athletic trainer / First responder should be prepared to remove the face-mask from a football helmet in order to access a victim’s airway without moving the cervical spine
- Sports medicine team should communicate ahead of time with local EMS
 - Agree upon C-spine immobilization techniques (e.g. leave helmet and shoulder pads on for football players) which meet current local and national recommendations/standards
 - Type of immobilization equipment available on-site and/or provided by EMS
- Athletes and coaches should be trained not to move victims

4. Asthma

- Students with asthma should have an “asthma action plan”
 - Lists medications, describes actions to take based on certain symptoms and/or peak flow values as determined by a licensed physician / PA / NP
 - On file with sports medicine coordinator
 - Available at games / practice / conditioning
 - Can be same as that on file with school nurse
- Students with asthma should have:
 - Rescue inhaler and spacer if prescribed
 - Readily accessible during games / practice /conditioning
 - Athletic trainer / first responder should have an extra inhaler prescribed individually for each student as back-up
 - Before each activity test to be certain it is functional, contains medication, is not expired
 - Pulmonary function measuring device
 - Use in coordination with asthma action plan

5. Anaphylaxis

- Documentation of known anaphylactic allergy to bee stings, foods, medications, etc. should be on file with sports medicine coordinator
 - Describes symptoms that occur

- What action to take if specific symptoms occur
- Students with known anaphylactic allergy should have
 - Rescue prescription medication (usually an epi-pen)
 - Readily accessible during games / practice /conditioning
 - Athletic trainer / first responder should have an extra supply of the rescue medication prescribed individually for each student as back-up
 - Before each activity examine to be certain it is functional, contains medication, is not expired

6. Lightning

- Assign the role of monitoring for threatening weather conditions
 - Typically athletic trainer, administrator
 - Discuss in advance of games the role of this person (Baseball, softball, football)
- Methods to monitor for lightning risk
- Consult National Weather Service or local media for severe weather watches and warnings
- Flash-to-bang method
 - Count the time in seconds that passes between a “flash” of lightning and the “bang” of thunder that follows. If count is less than 30 seconds stop activity and seek safe shelter
- Communicate the need to stop activity and seek shelter
 - P.A. announcement
 - Signal sound from a horn, siren, whistle, bell
- Identify safe shelter for each venue and be sure it is accessible (within reasonable distance, unlocked, capacity)
 - Building (with four walls, a ceiling, and plumbing or wiring that acts to electrically ground the structure)
 - Secondary option is a metal roof vehicle with all windows completely rolled up
 - Last option is thick grove of small trees surrounded by larger trees or a dry ditch assuming proper posture (crouch, grab knees, lower head, minimize contact with ground)
- Determine when to resume activity
 - Flash-to bang count greater than 30 seconds or pre-determined time period (usually 30 minutes) after last visible lightning