How do I comply with the Gfeller-Waller Law?

The following is a guide to steps that will help you, the school administrator, comply with the Gfeller-Waller Law.

EDUCATE those involved with interscholastic athletic activities.

□ Student-athletes will be provided with the STUDENT CONCUSSION INFORMATION FORM.
  o Students shall read, initial, sign, and return the STUDENT-ATHLETE CONCUSSION STATEMENT form.
□ Parents, Coaches, school nurses, athletic directors, first responders, volunteers will be provided with the ADULT CONCUSSION INFORMATION FORM.
  o All above adults shall read, initial and return the COACH/SCHOOL NURSE/PARENT/VOLUNTEER CONCUSSION STATEMENT form.

(It is at the discretion of each educational institution to identify who will distribute, collect, and maintain the above forms.)

PLAN for what will happen when an injury occurs.

Concussion

If a student-athlete exhibits signs and symptoms consistent with a concussion (even if not formally diagnosed), the student-athlete is to be removed from play and is not allowed to return to play (game, practice, or conditioning) on that day.

Student-athletes are encouraged to report their own symptoms, or to report if peers may have concussion symptoms. Coaches, parents, volunteers, first responders, school nurse, licensed athletic trainers (if available), are responsible for removing a student-athlete from play if they suspect a concussion.

Following the injury, the student-athlete should be evaluated by a qualified medical professional with training in concussion management. It is strongly recommended that each institution seek qualified medical professionals in the surrounding community to serve as resources in the area of concussion management.

In order for a student-athlete to return to play without restriction, he/she must have written clearance from appropriate medical personnel. The form that should be used for this written clearance is posted on this website.

Emergency Action Plan

Each school should have a venue specific Emergency Action Plan (EAP) that follows the specifications outlined in the EAP guidelines on the website.

This plan should be: 1) in writing, 2) reviewed by an athletic trainer licensed in North Carolina, 3) approved by the principal of the school, 4) distributed to all appropriate personnel, 5) posted conspicuously at all venues, and 6) reviewed and rehearsed annually by all licensed athletic trainers, first responders, coaches, school nurses, athletic directors, and volunteers for interscholastic athletic activities.
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 ________________________________.
   ☐ All fall sports ☐ All winter sports ☐ All spring sports

PRINCIPAL’S SIGNATURE (OR DESIGNEE): ______________________________________ DATE: ____________
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.

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

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
INFORMACIÓN 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 funcione como debería. Puede o no hacer que usted vea todo obscuro o se desmaye. Puede pasarle a usted por una caída, un golpe en la cabeza, o un golpe al cuerpo que ocasione 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.

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

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 náusea 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 médico apropiado. No deben volver al juego o practica en el mismo día. 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.

Esta información se proporciona a usted por el Centro de Investigación de UNC Matthew Gfeller Sport-Related TBI, Sociedad Médica de Carolina del Norte, Asociación de Entrenadores Atléticos de Carolina del Norte, Asociación de Lesiones Cerebrales de Carolina del Norte, Sociedad Neuropsicológica de Carolina del Norte y Asociación Atlética de las Escuelas Superiores de Carolina del Norte.
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.

☐ 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.

☐ 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.

☐ 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.

☐ 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.

☐ 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.

☐ 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.

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

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

__________________________  ______________________
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)
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:

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

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:

<table>
<thead>
<tr>
<th>Student-Athlete Initials</th>
<th>Parent/Legal Custodian Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.</td>
<td>N/A</td>
</tr>
<tr>
<td>A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.</td>
<td>N/A</td>
</tr>
<tr>
<td>A concussion cannot be “seen.” Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.</td>
<td>N/A</td>
</tr>
<tr>
<td>I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.</td>
<td>N/A</td>
</tr>
<tr>
<td>If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.</td>
<td>N/A</td>
</tr>
<tr>
<td>I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.</td>
<td>N/A</td>
</tr>
<tr>
<td>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.</td>
<td>N/A</td>
</tr>
<tr>
<td>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.</td>
<td>N/A</td>
</tr>
<tr>
<td>I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.</td>
<td>N/A</td>
</tr>
<tr>
<td>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.</td>
<td>N/A</td>
</tr>
<tr>
<td>Sometimes, repeat concussions can cause serious and long-lasting problems.</td>
<td>N/A</td>
</tr>
<tr>
<td>I have read the concussion symptoms on the Concussion Information Sheet.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

_____________________________   ________________________________
Signature of Student-Athlete   Date

_____________________________   ________________________________
Signature of Parent/Legal Custodian   Date
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
  o consider those with the trait to be “susceptible to heat illness”
  o those with the trait should not be subject to timed workouts
  o those with the trait should be removed from participation immediately if any sign of “exhaustion” or “struggling” is observed
• If heat illness is suspected
  o Activate EMS immediately
  o 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
  o 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
  o 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”
  o Lists medications, describes actions to take based on certain symptoms and/or peak flow values as determined by a licensed physician / PA / NP
  o On file with sports medicine coordinator
  o Available at games / practice / conditioning
  o Can be same as that on file with school nurse
• Students with asthma should have:
  o 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
  o 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
  o 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 groove 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
**This is a sample Emergency Action Plan meant to be used as a guide to help you develop a venue-specific plan for your school. Please use the blank spaces and bolded notes to help fill in details that are unique to your school’s athletic venues. Please provide your school’s Emergency Action Plan to all coaches, administrators, adult volunteers, etc involved in interscholastic athletics. This plan should also be reviewed and updated annually as needed and shall be posted in a conspicuous location.**

(Insert School Name Here)
Emergency Action Plan

EMERGENCY ACTION PLAN

________________School has a written emergency plan that should be followed in the event of a medical emergency. All coaches should be familiar with this document and their role and responsibility in an emergency. Any questions should be directed to the head athletic trainer (or school administrator, in the absence of a licensed athletic trainer).

An emergency is the need for Emergency Medical Services (EMS) to give further medical attention and/or transport an athlete to the hospital. It is important in these situations that coordination between the athletic trainer, coaches, administrators and student responders be effective. This guide is intended to delineate roles and outline the protocol to be followed should an emergency occur.

Situation when 911 should be called are:

- an athlete is not breathing
- an athlete has lost consciousness
- it is suspected that an athlete may have a neck or back injury
- an athlete has an open fracture (bone has punctured through the skin)
- severe heat exhaustion or suspected heat stroke
- severe bleeding that cannot be stopped

**Chain of Command**
Team Physician
Certified Athletic Trainer
School Resource Officer
Athletic Director
Administrator
Head Coach
Assistant Coach
Sports Medicine Student Assistant
Other Athletes

The highest person in the chain of command who is present at a scene will be the designated person in charge, or leader. That person is responsible for deciding whether or not to call 911, instructing others how they may be of help and will be the person who stays with the athlete until EMS arrives.

Once it has been decided that EMS should be called, the following protocol should be followed:
1. The highest person on the chain of command will be deemed the leader, and will stay with the athlete to monitor the athlete’s condition and administer necessary first aid. If possible, someone else on the chain of command should also stay and assist. The front office or an administrator should be notified that there is an emergency situation on campus.

2. The highest person on the chain of command will make the call to EMS or will designate another person to make the call. (911 from a cell phone or pay phone, insert any specific instructions pertinent to your school’s internal phone system here) EMS should be told what the emergency is, the condition of the athlete and how to get to where the athlete is. Also, tell EMS that someone will meet them at the closest intersection to aid in directing the ambulance. **DO NOT HANG UP UNTIL EMS HANGS UP FIRST.**

3. Phones at _________ School are located in the main office, classrooms, coaches offices, the training room and in the front lobby of the school, insert any other pertinent locations here. Also, list who on the chain of command has a cellular phone.

4. The leader will send runners to all intersections between where the athlete is located and ________________ School/venue-specific location to direct the ambulance to the athlete. The runners should stay in their positions and wave the ambulance through the proper turns to get to the athlete.

5. The leader will designate another person to attempt contact with the athlete’s parents. **Emergency contact information can be found ________________ which coaches, athletic trainers, designated individual should have with them at all times.** If a parent is not present, the form should accompany the athlete to the hospital.

6. If transport is deemed necessary by EMS, the athlete will be taken to insert nearest medical center name(s) and address(es) here, unless the parent requests otherwise.

__________ School is located at:
Insert school address here

The closest intersection to the school is ________________ and _________________.
Insert any other pertinent intersections or landmarks here.

**Location of AED’s**

1. List all specific locations where AED’s are located in and around your school. If your school has multiple AED’s, it may also be helpful to develop a map of AED zones along with the list of where they are located (see sample), so that each zone has access to an AED.

*Coaches should take note of the closest AED to their practice and game locations.*
ADDRESS:
123 Middle Creek Park Ave
Apex, NC 27539

IMPORTANT PHONE NUMBERS:
Athletic Trainer: 868-0499 (C) or 661-5474 (O)
First Responder: 820-0199
EMS: 911 or 9-911 if calling from a school phone
Main Office: 773-3838
Athletic Director’s: 868-6795 (C) or 773-3854 (O)
School Resource Officer: 868-6795
Principal’s: 625-8294

ZONE 1 (Main Gymnasium, Outside Basketball Courts, and Main Building)
EMS Route: West Lake to Middle Creek Park Ave- Entrance #1
Primary AED: Outside of Main Office
Secondary AED: Community Center

ZONE 2 (Baseball Field, Softball Complex, Multi-purpose Fields)
EMS Route: West Lake to Middle Creek Park Ave- Entrance #2
Primary AED: Softball Complex or Home Dugout on Baseball Field
Secondary AED: Home Dugout on Baseball Field or Softball Complex

ZONE 3 (Community Center Gymnasium, Auxilary Gymnasium, Athletic Hallway, Stadium, Practice Fields)
EMS Route: West Lake to Optimist Farm Road- Entrance #3
Primary AED: Community Center
Secondary AED: Main Office

ZONE 4 (Tennis Courts, Mobil Units)
EMS Route: West Lake - Entrance #4
Primary AED: Main Office
Secondary AED: Community Center
ZONE 1: EMS ROUTE - WEST LAKE ROAD TO MIDDLE CREEK PARK AVE TO ENTRANCE 1. PRIMARY AED: OUTSIDE MAIN OFFICE. SECONDARY AED: COMMUNITY CENTER

ZONE 2: EMS ROUTE - WEST LAKE ROAD TO MIDDLE CREEK PARK AVE TO ENTRANCE 2. PRIMARY AED: SOFTBALL COMPLEX. SECONDARY AED: OUTSIDE MAIN OFFICE

ZONE 3: EMS ROUTE - WEST LAKE ROAD TO OPTIMIST FARM ROAD TO ENTRANCE 3. PRIMARY AED: COMMUNITY CENTER. SECONDARY AED: OUTSIDE MAIN OFFICE

ZONE 4: EMS ROUTE - WEST LAKE ROAD TO ENTRANCE 4. PRIMARY AED: OUTSIDE MAIN OFFICE. SECONDARY AED: COMMUNITY CENTER
# 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.)

<table>
<thead>
<tr>
<th>Athlete’s Name</th>
<th>Date of Birth</th>
<th>School</th>
<th>Team/Sport</th>
</tr>
</thead>
</table>

## INJURY HISTORY
Person Completing Injury History Section (circle one): Licensed Athletic Trainer | First Responder | Coach | Parent
Date of Injury | Name of person completing form: ________________

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

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**

1. Athletes are not allowed return to practice or play the same day that their head injury occurred.
2. Athletes should never return to play or practice if they still have ANY symptoms.
3. 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 ______________________________________________**

"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**
________________________________________________________________________________________
________________________________________________________________________________________

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- 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.
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:

<table>
<thead>
<tr>
<th>STAGE</th>
<th>EXERCISE</th>
<th>DATE</th>
<th>COMPLETED/COMMENTS</th>
<th>SUPERVISED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4*</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Participate in controlled contact practice.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Resume full participation in competition.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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