



Sports Concussion Management Plan

A. Sports Concussion Management Plan

Albemarle County Public Schools (ACPS) recognizes that a concussion is a brain injury that is characterized by the onset of impairment of cognitive and/or physical functioning, and is caused by a blow to the head, face or neck, or a blow to the body that causes a sudden jarring of the head. The effects of repeated concussions can be cumulative. If a student-athlete sustains a second concussion before the effects of previous injury have resolved, the consequences can be very severe and even result in death (Second Impact Syndrome). To ensure proper diagnosis and care for concussions among student-athletes, ACPS has developed this comprehensive concussion management plan.

ACPS is committed to safe practice and provides a Sports Concussion Management Plan to ensure that (i) coaches, athletic directors, Certified Athletic Trainers (ATC), administrators, volunteers, student-athletes, and their parents are aware of the short- and long-term effects of concussions; (ii) student-athletes sustaining concussions are removed from play immediately and referred appropriately; and (iii) student-athletes who have sustained concussions are returned to play only after receiving appropriate medical care, adequate time to heal, and demonstrating no symptoms consistent with a concussion.

ACPS guidelines mandate that if a student-athlete exhibits or reports any sign or symptom of a concussion, he/she will be removed from practice or play. Parents are notified on the day of the injury. The parents will obtain a proper medical evaluation by a licensed health care professional with training in concussion evaluation and management, per the ACPS Sports Concussion Management Plan. ACPS acknowledges that clearance to return to play is a medical decision. The student-athlete must be cleared for participation by a licensed health care professional, who will then place the student-athlete in the care of the ATC to oversee the Gradual Return to Sports Participation found in Appendix II of this document. ACPS will not allow the student-athlete to participate in a practice or game while experiencing any lingering or persisting symptoms of a concussion, no matter how slight. The student-athlete must be completely symptom-free at rest and during physical and mental exertion, with neurocognitive functioning that has returned to the normal baseline as determined by the results from the Immediate Post-Concussion and Cognitive Testing (ImPact) module, prior to return to sports training, practice, play or competition.

B. Definitions

- 1. Concussion:** A brain injury that is characterized by an onset of impairment of cognitive and/or physical functioning and is caused by direct or indirect traumatic forces to the head. A concussion can occur with or without a loss of consciousness. Proper management is essential to the immediate safety and long-term future of the injured individual. (Consensus statement on concussion in sport)
- 2. Second Impact Syndrome:** A condition in which a second concussion is sustained before a first concussion has properly healed. This causes rapid and severe brain swelling and often has catastrophic results. (CDC)
- 3. Licensed Health Care Professional:** A physician, physician assistant, osteopath, or certified athletic trainer licensed by the Virginia Board of Medicine; a neuropsychologist licensed by the Board of Psychology; or a nurse practitioner licensed by the Virginia Board of Nursing. (BOE)

C. Education

ACPS will require that school nurses, coaches, athletic trainers, and licensed health care provider volunteers receive current training annually on the following:

- Recognizing the signs and symptoms of a concussion;
- Strategies to reduce the risks of concussions;

- How to seek proper medical treatment for student-athletes suspected of having a concussion; and
- When the student-athlete may safely return to physical activity.

1. Parents/Guardians

- In order to participate in any extracurricular athletic activity, ACPS will require student-athletes and their parent/guardian to review information on concussions on an annual basis (every 12 months). This information will include a parent and student-athlete fact sheet along with watching a concussion video provided on the school's athletic website. After reviewing the materials, each student-athlete and his/her parent or guardian shall sign a statement acknowledging receipt, review and understanding of such information. (Appendix I)
- By signing this form, the student-athlete and his/her parent or guardian will accept the responsibility for reporting injuries and illnesses, including signs and symptoms of a concussion, to the coaching staff, school nurse, and school athletic trainer.
- In order to participate in any extracurricular athletic activity listed in Table 1 below, ACPS will require the student-athlete to take a baseline neurocognitive test (ImPact) within 10 days of team selection. Any student who participates in a sport not listed in Table 1 may opt to take the CRI test.

Table 1 – Sports with High-Risk for Concussions
Baseball
Basketball
Cheerleading
Diving
Field Events (shot put, discus, high jump, triple jump, long jump, pole vault)
Field Hockey
Football
Lacrosse
Soccer
Softball
Volleyball
Wrestling

2. Coaches

All coaches will be required to complete the online Concussion in Sports course provided by the National Federation of High Schools. This course is to be completed on an annual basis by head and assistant coaches within the first week of practice of their respective sport. Each coach's handbook will include information about signs and symptoms of concussions, effects of a concussion on the student-athlete, the ACPS Sports Concussion Management Plan, and return to activity protocol for their respective sport.

3. Administrators and Faculty

All ACPS faculty and staff will be required to review annually signs and symptoms associated with concussions, effects of a concussion on a student-athlete's cognitive and academic performance (Appendix III), and the ACPS Sports Concussion Management Plan.

4. Volunteers

All volunteers will be required to annually review the ACPS Sports Concussion Management Plan; School Board Policy JJAC, *Student-Athlete Concussions During Extracurricular Physical Activities*; and the CDC's *Heads Up: Concussion in High School Sports*.

5. ATC

ACPS ATCs will be required to review annually the ACPS Sports Concussion Management Plan and School Board Policy JJAC. Each ATC also will annually complete the online Concussion in Sports course provided by the National Federation of High Schools. The ATC is responsible for maintaining current knowledge of concussion assessment and management.

6. Team Physicians

Team Physicians will be required to annually review the ACPS Sports Concussion Management Plan. Each physician must be able to certify he/she is aware of the current medical guidance on concussion evaluation and management. Appropriate evidence includes recent continuing education specific to sport concussion management and evaluation.

D. ACPS Management of a Concussion

1. Each student-athlete will react differently to a concussion; therefore, each student-athlete should be treated with individual care. The following situations indicate a medical emergency and require activation of the Emergency Medical System:
 - Any athlete who has symptoms of a concussion and who is not stable (condition is worsening).
 - Any athlete who exhibits any of the following signs or symptoms:
 - Deterioration of neurological function
 - Decreasing level of consciousness
 - Decrease or irregularity of respirations
 - Unequal, dilated or unreactive pupils
 - Cranial nerve deficits
 - Any sign or symptom of a spinal injury, skull fracture, or bleeding of the brain
 - Deterioration of mental status
 - Seizure
2. When a student-athlete sustains a concussion or is suspected of having a concussion by the athletic trainer, coach, or school nurse, the management plan below will be followed.
 - a. At the time of injury, the student-athlete will be evaluated by a Certified Athletic Trainer (ATC) with SCAT 2 (Sideline Concussion Assessment Tool).
 - b. If an ATC is not available, the coach will remove the student-athlete from the game or practice. The coach will contact the parent/guardian and refer the student-athlete to a physician who can certify they are current on medical guidance of concussion evaluation and management. The coach also will notify the ATC of the situation.
 - c. The student-athlete MUST be evaluated by a Licensed Healthcare Professional that can certify that he/she is aware of the current medical guidance on concussion evaluation and management before returning to play.
 - d. All student-athletes seen by a physician must bring written documentation of medical clearance from the physician to the ATC, releasing them to the care of the ATC prior to starting the Gradual Return to Sports Participation Program (Appendix VII).
 - e. The student-athlete must be symptom-free for a minimum of 24 hours prior to considering medical clearance for starting the Gradual Return to Sports Participation Program.

- f. All student-athletes must follow the Gradual Return to Sports Participation Program for a minimum of 5 days prior to returning to full participation.
- g. If the student-athlete develops any signs or symptoms during the Gradual Return to Sports Participation Program, after they have rested for 24 hours and tried a second time to progress, they must be re-evaluated by a health care professional with specialty training in concussion diagnosis and management (i.e., neurologist or neuropsychologist.)

E. Guidelines for coaches and/or other related school personnel

1. If the ATC is not available at the time of suspected head injury, the coach is responsible for removing the student-athlete from the field of play and notifying the ATC of the suspected injury. Any athlete with a suspected concussion should not return to play that day, nor until:
 - a. He/she has been evaluated by an appropriate licensed health care provider as determined by the ACPS concussion management team; and
 - b. Written clearance has been received from such licensed health care provider.
2. In the absence of an ATC, the coach will have access to the Pocket Sport Concussion Assessment Tool (SCAT II) (Appendix IV) for sideline evaluation of a suspected concussion. The coach should notify and report all signs and symptoms of the injury, as well as all knowledge of the mechanism of injury to the ATC.
3. If an athlete requires immediate referral, EMS should be activated (refer to the Incident Action Plan for specific field details), parent/guardian should be contacted, and the designated coach should accompany the athlete to the hospital.
4. If immediate referral is not suggested (refer to Section D, ACPS Management of a Concussion), the coach is responsible for notifying the parent/guardian of the injury.
5. The parent/guardian should provide transportation home. The student-athlete should not be allowed to drive himself/herself home.
6. If a parent/guardian cannot be reached, the coach should ensure the athlete is in the care of a responsible adult who is capable of monitoring the athlete and understanding home instructions. Efforts to contact the parent/guardian should continue.

F. Guidelines for the ATC

1. The ATC should assess the injury using the SCAT 2 (Appendix IV) and follow appropriate guidelines for referral.
2. The ATC will notify the student-athlete's parent/guardian and provide home care instructions.
3. The parent/guardian should provide transportation home. The student-athlete should not be allowed to drive himself/herself home.
4. If a parent/guardian cannot be reached, the ATC should ensure the athlete is in the care of a responsible adult who is capable of monitoring the athlete and understanding home instructions. Efforts to contact the parent/guardian should continue.
5. The ATC should notify appropriate school personnel of the athlete's condition, including but not limited to the athlete's coaches and school nurse.
6. Appropriate documentation of the athletes' injury should be maintained by the ATC.
7. The ATC will perform computerized neurocognitive testing (ImPact) as a means for monitoring safe progression of return to play. It is expected that student-athletes return to baseline prior to beginning return to play procedures (Appendix II).
8. The ATC will consult with appropriate medical personnel if computerized neurocognitive testing does not return to expected baseline results.
9. Upon receipt of appropriate medical clearance, the ATC will determine when the student-athlete may return to full physical activity based on successful completion of the sport-specific progression program (Appendix II).

G. Guidelines for School Nurse

1. In the event that an athlete presents to the nurse with signs and/or symptoms of a concussion, the nurse should assess the injury and determine if a medical emergency is present as described in Section D, ACPS Management of a Concussion.
2. If no immediate referral is indicated, the school nurse should contact the ATC and release the student athlete to his/her care.
3. Transfer of care will be documented by a release of care form signed by both the school nurse and ATC (Appendix V).
4. The nurse will notify the student-athlete's parent/guardian and provide home care instructions.
5. If a parent/guardian cannot be reached, the nurse should ensure the athlete is in the care of a responsible adult who is capable of monitoring the athlete and understanding home instructions. Efforts to contact the parent/guardian should continue.

Appendix I

Concussion Information for Parents and Guardians**What is a concussion?**

A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion can be caused by a bump, blow or jolt to the head or body. Even what seems to be a mild bump to the head can be serious. A student-athlete does not have to lose consciousness to suffer a concussion. A concussion may cause multiple symptoms. Many symptoms appear immediately following the injury, while others may develop over the next several days or weeks. The symptoms may be subtle and are often difficult to fully recognize.

Signs and Symptoms of a Concussion

Physical		Cognitive	Emotional	Sleep Patterns
Headache	Blurry or double vision	Feeling mentally “foggy”	Sadness	Excessive drowsiness
Nausea or vomiting	Fatigue	Feeling slowed down	Nervousness	Sleeping more than usual
Dizziness	Sensitivity to light	Difficulty remembering	Irritability	Sleeping less than usual
Instability	Numbness/tingling of extremities	Difficulty concentrating	More emotional	Trouble falling asleep

Q: What should I do in the first 24-48 hours?**A:**

- Your student-athlete should not be left alone. Check on him/her regularly throughout the night. However, it is okay to let them sleep. You only need to wake them up if you are concerned about their breathing or how they are sleeping.
- Your student-athlete should not drive while he/she is still having symptoms.
- Check with your doctor before giving any prescribed pain medications.
- It is OK to use an ice pack on the head and neck for comfort.

Q: When should I take my child to the doctor?

A: Any student-athlete who sustains a concussion needs to be evaluated by a licensed health care professional who is familiar with sports concussion diagnosis and management. You should call your child’s physician and explain what has happened. A follow-up appointment should be scheduled with the primary care doctor or a sports concussion specialist if directed.

If any of your student-athlete’s signs or symptoms worsen, then proceed IMMEDIATELY to the nearest emergency medical facility. Additional symptoms to watch for that would require IMMEDIATE MEDICAL ATTENTION include:

- Headaches that worsen
- Very drowsy
- Cannot be awakened
- Cannot recognize people or places
- Seizures
- Repeated vomiting
- Increasing confusion
- Neck pain
- Slurred speech
- Weakness/numbness in arms/legs
- Unusual behavior changes
- Significant irritability
- Less responsive than usual

Q: How can a concussion affect school work?

A: Following a concussion, many student-athletes will have difficulty in school. These problems may last for days or months and often include difficulties with short- and long-term memory, concentration, and organization.

In many cases, it is best to lessen the student-athlete's class load early on after the injury. This may include staying home from school for a few days, then a lightened schedule for a few additional days. It is possible that a longer period of time may be needed. Decreasing the stress on the brain early on after a concussion may lessen symptoms and shorten recovery time. See Appendix III for specific academic accommodations. In general, RETURN TO LEARN happens before RETURN TO PHYSICAL ACTIVITY.

Q: When can a student-athlete return to play following a concussion?

A: NO student-athlete should return to play or practice on the same day as the injury. Studies have shown that a young brain does not recover quickly enough for a student-athlete to return to activity in such a short time. Your student-athlete should not participate in any high-risk activities that may lead to head injury, including physical education class, recess, and riding a bike or skateboard, until they have been cleared to do so by a licensed health care professional.

Once a student-athlete has been symptom-free for a minimum of 24 hours following a concussion and is cleared to return to physical activity by a licensed health professional (with knowledge of care for sports concussions), he/she may proceed with activity in a supervised, step-by-step fashion to allow the brain to re-adjust to exertion. This should occur over a minimum of five (5) days. (See *Gradual Return to Sports Participation Following a Concussion* in Appendix II.)

Q: Why is it so important that a student-athlete not return to play until they have completely recovered from a concussion?

A: A second concussion that occurs before the brain recovers from the first can slow recovery or increase the chances of long-term problems. In rare cases, brain swelling can result, leading to permanent brain damage or even death. This is known as second impact syndrome.

Q: What is the best treatment to help my student-athlete recover more quickly from a concussion?

A: The best treatment for a concussion is rest, both physically and mentally. There are no medications that can speed the recovery from a concussion. Exposure to loud noises, bright lights, computers, video games, television, and phones (including text messages) may worsen the symptoms of a concussion. You should allow your student-athlete to rest as much as possible in the days following the injury. As the symptoms decrease, you can allow increased use of electronic devices. If symptoms worsen after increasing use, access must again be limited.

Q: How long do the symptoms of a concussion typically last?

A: The symptoms of a concussion will usually go away within one week to 10 days of the initial injury. In some cases, symptoms may last for several weeks or even months.

Q: Is a CT scan or MRI needed to diagnose a concussion?

A: Diagnostic testing, including CT and MRI scans, is rarely needed following a concussion. While these are helpful in identifying life-threatening brain injuries, they are not normally utilized by student-athletes with mild to severe concussions. A concussion is diagnosed based on the student-athlete's description of the injury or event and the licensed healthcare provider's physical examination.

Q: When should the student-athlete see a sports concussion specialist?

A: Any student-athlete who has had significant or recurrent head injuries or whose symptoms persist beyond 10 days may benefit from an evaluation completed by a pediatric sports concussion specialist. Your child’s physician also may recommend a specialty evaluation if he/she has any concerns or needs further assistance with the student-athlete’s concussion management. Neuropsychological testing, which should be part of the evaluation when possible, can be helpful to assist with return to academic and physical activity (2010 AAP Sport-Related Concussion in Children and Adolescents).

*Some of this information has been adapted from the CDC’s “Head’s Up: Concussion in High School Sports” and the NFHS’s Sports Medicine Advisory Committee. Please go to www.cdc.gov for more information.

Please cut along this line and return the bottom portion to your child’s coach.

I, _____, parent/guardian of _____ have received, reviewed and understand the information on concussions. I agree to work in coordination with the coaches, teachers, certified Athletic Trainers, and administrators of Albemarle County Public Schools in order to provide a safe environment for my child as well as all athletes at the school.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Printed Name of Student-Athlete

Appendix II

Gradual Return to Sport Participation Following a Concussion

After a student-athlete has sustained a concussion, received written medical clearance from a licensed health-care professional, and returned to his/her baseline determined by ImPact, he/she will be started on a supervised, sport-specific return to play program. Each step of the process must be supervised by a coach and the school ATC. Student-athletes must remain symptom-free throughout each stage to move to the following day. If symptoms re-emerge, the student-athlete will return to the prior stage.

Football and Men's Lacrosse Return to Play Criteria

Stage of Rehabilitation	Functional Exercise
Day 1: No Activity	Physical and mental rest until asymptomatic
Day 2: Light physical exertion	Low levels of walking, jogging, or stationary bike
Day 3: Moderate levels of physical exertion	May participate in a helmet and shorts practice with no contact
Day 4: Non-contact sport-specific drills	May participate in agility drills to include stick work or passing drills with no contact
Day 5: Full contact practice	May participate in full practice with pads
Day 6: Return to full, normal game play*	

Field Hockey and Women's Lacrosse Return to Play Criteria

Stage of Rehabilitation	Functional Exercise
Day 1: No Activity	Physical and mental rest until asymptomatic
Day 2: Light physical exertion	Low levels of walking, jogging, or stationary bike
Day 3: Moderate levels of physical exertion	May participate in individual stick drills and increased endurance activities
Day 4: Non-contact sport-specific drills	May participate in team agility drills to include stick work with no contact
Day 5: Full contact practice	May participate in full practice
Day 6: Return to full, normal game play*	

Basketball Return to Play Criteria

Stage of Rehabilitation	Functional Exercise
Day 1: No Activity	Physical and mental rest until asymptomatic
Day 2: Light physical exertion	Low levels of walking, jogging, or stationary bike
Day 3: Moderate levels of physical exertion	May participate in individual drills and increased endurance activities
Day 4: Non-contact sport-specific drills	May participate in team agility drills to include dribbling, passing and shooting drills with no contact
Day 5: Full contact practice	May participate in full practice
Day 6: Return to full, normal game play*	

Wrestling Return to Play Criteria

Stage of Rehabilitation	Functional Exercise
Day 1: No Activity	Physical and mental rest until asymptomatic
Day 2: Light physical exertion	Low levels of walking, jogging, or stationary bike
Day 3: Moderate levels of physical exertion	May participate in an individual practice to include increased endurance activities
Day 4: Sport-specific drills	May participate in light partner drills excluding live drills
Day 5: Full contact practice	May participate in full practice to include live drills
Day 6: Return to full, normal game play*	

Baseball and Softball Return to Play Criteria

Stage of Rehabilitation	Functional Exercise
Day 1: No Activity	Physical and mental rest until asymptomatic
Day 2: Light physical exertion	Low levels of walking, jogging, throw and catch, or hitting from tee
Day 3: Moderate levels of physical exertion	May participate in fielding drills
Day 4: Sport-specific drills	May participate in batting practice and base running
Day 5: Full contact practice	May participate in full practice
Day 6: Return to full, normal game play*	

Volleyball Return to Play Criteria

Stage of Rehabilitation	Functional Exercise
Day 1: No Activity	Physical and mental rest until asymptomatic
Day 2: Light physical exertion	Low levels of walking, jogging, or stationary bike
Day 3: Moderate levels of physical exertion	May participate in individual agility, serving, and setting the ball
Day 4: Non-contact sport-specific drills	May participate in team drills with no scrimmage or game-type play
Day 5: Full contact practice	May participate in full practice
Day 6: Return to full, normal game play*	

Soccer Return to Play Criteria

Stage of Rehabilitation	Functional Exercise
Day 1: No Activity	Physical and mental rest until asymptomatic
Day 2: Light physical exertion	Low levels of walking, jogging, or stationary bike
Day 3: Moderate levels of physical exertion	May participate in individual agility and shooting drills
Day 4: Non-contact sport-specific drills	May participate in team drills with no scrimmage or game-type play
Day 5: Full contact practice	May participate in full practice
Day 6: Return to full, normal game play*	

Cheerleading Return to Play Criteria

Stage of Rehabilitation	Functional Exercise
Day 1: No Activity	Physical and mental rest until asymptomatic
Day 2: Light physical exertion	Low levels of walking, jogging, or stationary bike
Day 3: Moderate levels of physical exertion	May participate in walk-through cheers with no tumbling, stunts or jumps
Day 4: Sport-specific drills	May participate in tumbling and jumps
Day 5: Full contact practice	May participate in full practice to include stunts
Day 6: Return to full, normal game play*	

Track Field Event Return to Play Criteria

Stage of Rehabilitation	Functional Exercise
Day 1: No Activity	Physical and mental rest until asymptomatic
Day 2: Light physical exertion	ATC specific guidelines
Day 3: Moderate levels of physical exertion	ATC specific guidelines
Day 4: Sport-specific drills	ATC specific guidelines
Day 5: Full contact practice	ATC specific guidelines
Day 6: Return to full, normal play*	

*An additional day of full contact practice may be added if deemed necessary by the Athletic Trainer. This may be necessary depending on the sport to which the student-athlete is returning, practice status, and severity of symptoms over the course of healing.

*Appendix III***Academic Accommodations and Classroom Behavioral Changes****Accommodations**

- Information Processing
 - Increased time to complete assignments
 - Breakdown complex directions
 - Decrease length of assignments
 - Teacher/peer notes if and when possible
 - Priority seating to optimize processing
- Memory Deficits
 - Written and verbal instructions
 - Posted schedule and directions
 - Frequent review of information
- Attention Deficits
 - Visual prompts
 - Frequent breaks
 - Preferential seating
- Organizational Skills
 - Study guide and/or timeline of information
 - Provision of color coded materials
 - Daily calendar for assignments and tasks
 - Meeting with a resource teacher to review study plan (if available)
- Lighting
 - Dim lights if photo sensitive
- Fatigue
 - Shortened school day
 - Rest periods during school day

Classroom Behavioral Changes

- Poor attention and concentration
- Irritability and low frustration tolerance
- Differences in following directions and/or answering questions
- Reduced short-term memory recall
- Delayed processing
- Easily distracted
- Inability to follow through with routing assignments
- Disproportional reaction to situations
- Repeating themselves
- Sensitivity to light and/or noise

SCAT 2

Sideline Concussion Assessment Tool

Pocket SCAT2



Concussion should be suspected in the presence of **any one or more** of the following: symptoms (such as headache), or physical signs (such as unsteadiness), or impaired brain function (e.g. confusion) or abnormal behaviour.

1. Symptoms

Presence of any of the following signs & symptoms may suggest a concussion.

- Loss of consciousness
- Seizure or convulsion
- Amnesia
- Headache
- "Pressure in head"
- Neck Pain
- Nausea or vomiting
- Dizziness
- Blurred vision
- Balance problems
- Sensitivity to light
- Sensitivity to noise
- Feeling slowed down
- Feeling like "in a fog"
- "Don't feel right"
- Difficulty concentrating
- Difficulty remembering
- Fatigue or low energy
- Confusion
- Drowsiness
- More emotional
- Irritability
- Sadness
- Nervous or anxious

2. Memory function

Failure to answer all questions correctly may suggest a concussion.

"At what venue are we at today?"

"Which half is it now?"

"Who scored last in this game?"

"What team did you play last week/game?"

"Did your team win the last game?"

3. Balance testing

Instructions for tandem stance

*"Now stand heel-to-toe with your **non-dominant** foot in back. Your weight should be evenly distributed across both feet. You should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."*

Observe the athlete for 20 seconds. If they make more than 5 errors (such as lift their hands off their hips; open their eyes; lift their forefoot or heel; step, stumble, or fall; or remain out of the start position for more than 5 seconds) then this may suggest a concussion.

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, urgently assessed medically, should not be left alone and should not drive a motor vehicle.

Appendix V

On-Campus Transfer of Care

_____ presents to the nurse's office on _____
(Athlete's Name) (Date)
complaining of pain in the _____. Upon evaluation, this athlete
(Body Region)
does not require emergency medical referral and is therefore being referred to the staff Athletic
Trainer for further evaluation. I, _____, have called and spoken with
(Nurse on Duty)
the staff Athletic Trainer and he/she is on campus and available to evaluate the injury.

Additional Notes:

Nurse – Printed Name

ATC – Printed Name

Nurse – Signature

ATC – Signature

Date

Date

*Appendix VI***Home Care Instructions for Concussion**

Athlete _____ Date of Injury _____ Sport _____

Phone Number _____ Parent/Guardian Name _____

While participating in athletics, your son/daughter sustained a head injury that appears to be a concussion or mild brain injury. Your student-athlete's safety is our main priority, and he/she will not be able to return to activity until cleared by a licensed medical professional who can certify that he/she is aware of the current medical guidance on concussion evaluation and management. Your student-athlete must complete the ACPS supervised Gradual Return to Sports Participation Program prior to being allowed to compete.

In some instances, the signs of a concussion do not become obvious until several hours or even days after the injury. Please be especially observant for the following signs/symptoms:

- Headache (especially one that increases in intensity*)
- Difference in pupil size from right to left eye*
- Noticeable changes in level of consciousness*
- Decreased or irregular pulse or respiration*
- Mental confusion or behavioral changes
- Nausea and/or vomiting*
- Memory loss
- Changes in gait or balance
- Slurred speech*
- Dizziness
- Ringing in the ears
- Blurry or double vision*
- Seizure activity*

*Seek medical attention at the nearest emergency department.

Please follow these instructions for home care:

It is OKAY for your child to:

- Use an ice pack for head and neck comfort
- Eat a light diet
- Go to sleep
- Rest

Your child SHOULD NOT:

- Check eyes with flashlight
- Wake up every hour
- Drink alcohol
- Drive if symptomatic
- Exercise or lift weights
- Take medications without instructions from his/her primary care provider

Please remind your child to check in with the Athletic Trainer prior to practice/event on the first day he/she returns to school.

Your Athletic Trainer _____ Phone: _____ Email: _____

Recommendations provided by: _____ Date: _____

Appendix VII

Licensed Medical Professional Clearance Form

I, _____, certify that I am aware of the current medical guidance on concussion evaluation and management. I have evaluated the student-athlete's symptoms and release him/her to the care of the Athletic Trainer for monitoring of return to play procedures.

Licensed Medical Professional Signature

Date

Licensed Medical Professional Printed Name

Phone Number