

ORANGE COUNTY  
BOARD OF EDUCATION

AGENDA ITEM ABSTRACT

Meeting Date: August 22, 2011

AGENDA ITEM No. 11-08-(2)-12

ACTION ITEM (Y/N) Y

SUBJECT: Concussion and Head Injury Policy #4270 – New – 1<sup>st</sup> Reading Approval

INFO. CONTACT: Dr. George McFarley, Jr. PHONE: 919-732-8126

**ATTACHMENTS:**

1. General Assembly of North Carolina Session 2011, Session Law 2011-147 House Bill 792
2. Policy # 4270, Concussion and Head Injury (NEW)
3. Gfeller-Waller Concussion Awareness Act Resource Packet

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**PURPOSE:** To allow the Board of Education the opportunity to consider the Concussion and Head Injury Policy #4270 for 1<sup>st</sup> Reading Approval.

**BACKGROUND:** The Gfeller-Waller Concussion Awareness Act was drafted and implemented to protect the safety of student-athletes in North Carolina. It was signed into law on June 16, 2011 by Governor Beverly Perdue. There are three major areas of focus in the law and these include: education, emergency action and postconcussion protocol implementation, and clearance/return to play or practice following concussion.

The state has produced a Gfeller-Waller Concussion Awareness Act Resource Packet containing all compliance materials. This resource packet contains the following information which is attached to this abstract:

- Gfeller-Waller Law Compliance Information and Checklist.
- Student–Athlete Concussion Statement Form.
- Concussion Information for Student-Athletes.
- Adult (parent/coach/volunteer/school nurse/first responder) Education & Statement Form.
- Sample Emergency Action Plan.
- Postconcussion Protocol.
- Return to Play Written Clearance Form.

The North Carolina School Boards Association (NCSBA) has created the new *Policy #4270, Concussion and Head Injury* to reflect these new legislative requirements. NCSBA recommends BOEs adopt a policy responding to the requirements to be effective for the 2011-2012 school year.

**FINANCIAL IMPACT:** None.

**RECOMMENDATION:** The Superintendent recommends the Board of Education approve the proposed Concussion and Head Injury Policy #4270 for 1<sup>st</sup> Reading Approval.

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 13<sup>th</sup> 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 16<sup>th</sup> day of June, 2011

# CONCUSSION AND HEAD INJURY

Date Reviewed/Approved:

Policy Number:  
4270/6145

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Rescinds Policy Number:

Issued:

The board recognizes that concussions and other head injuries may be serious and potentially life threatening and that such injuries may result in serious consequences later in life if managed improperly. The board is committed to practices that reduce the potential for short-term or long-term effects from such injuries. In support of this commitment, the board directs school employees to comply with the concussion safety requirements for interscholastic athletic competition established by G.S. 115C-12(23) as amended in the Gfeller-Waller Concussion Awareness Act of 2011, and to implement and follow all concussion safety requirements set forth in State Board of Education rules and policies for middle and high schools. The superintendent or designee shall develop a plan consistent with state requirements and shall implement and monitor compliance with this policy. The superintendent is authorized to investigate the use of baseline testing for student-athletes and require that student-athletes undergo such testing prior to their participation in any interscholastic athletic competition.

## A. DEFINITION OF 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 a loss of consciousness.

## B. SCHOOL HEAD INJURY INFORMATION SHEET

Each year, all coaches, school nurses, athletic directors, first responders, volunteers, student-athletes, and parents of student-athletes must be provided with a concussion and head injury information sheet that meets the requirements of the State Board. Before any student, school employee, volunteer or first responder will be allowed to participate in interscholastic athletic activities, including tryouts, practices or competitions, he or she must sign the head injury information sheet and return it to the coach. Parents also must sign the sheet and return it to the coach before their children may participate in any interscholastic athletic activity. The principal of each school shall ensure that a complete and accurate record of the returned signed sheets is maintained in accordance with law and State Board policy.

## C. REMOVAL FROM AND RETURN TO PLAY

Any student-athlete who is exhibiting signs or symptoms consistent with a concussion must be removed from athletic activity immediately. Further, the student-athlete must not be allowed to return to play or practice that day or on any subsequent day until he or she has been evaluated and has received written clearance for participation that complies with the requirements of G.S. 115C-12(23) and any other applicable law or State Board policy.

## D. EMERGENCY ACTION PLANS

Each principal or designee shall develop a venue-specific emergency action plan to respond to serious medical injuries and acute medical conditions in which the condition of the injured student may deteriorate rapidly. All such plans must include a delineation of roles, methods of communication, available emergency equipment and a plan for emergency transport. The plans must be (1) in writing, (2) reviewed by an athletic trainer who is licensed in North Carolina, (3) approved by the principal if developed by a designee, (4) distributed, posted, reviewed and rehearsed in accordance with G.S. 115C-12(23), and (5) compliant with any other requirements of state law and State Board policy.

#### **E. RECORD KEEPING**

The superintendent shall require each principal to maintain complete and accurate records of actions taken in his or her school to comply with this policy and applicable legal authority. Records shall include accounts of any education or training as may be required by law or State Board of Education policy.

The superintendent's annual report to the board on compliance with laws and policies related to student wellness shall include a report on the system's compliance with laws and policies related to concussions and head injuries. (See Section G of policy 6140, Student Wellness.)

Legal References: G.S. 115C-12(23); S.L. 2011-147

Cross References: Student Wellness (policy 6140)

Other Resources: Matthew Gfeller Sport-Related TBI Research Center at UNC website [http://tbicenter.unc.edu/MAG\\_Center/Home.html](http://tbicenter.unc.edu/MAG_Center/Home.html); *Report to the North Carolina General Assembly: Study of Sports Injuries at Middle School and High School Levels*, N.C. Department of Public Instruction (2011)

Adopted:

## 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.
  - Students shall read, initial, sign, and return the STUDENT-ATHLETE CONCUSSION STATEMENT form.
- Coaches, school nurses, athletic directors, first responders, volunteers will be provided with the ADULT CONCUSSION INFORMATION FORM.
  - 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 Law Administrator's Planning Checklist**

- Concussion Information Sheet distributed to student-athletes
- Concussion Information Sheet distributed to parents/coaches/school nurses/volunteers
- Signature forms collected from student-athletes
- Signature forms collected from parents/coaches/school nurses/volunteers
- Postconcussion plan in place
- Emergency Action Plan(s) in place and reviewed by an athletic trainer licensed (LAT) in North Carolina (this can be the LAT at your school).

## Student-Athlete 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.*

- I have read the *Student-Athlete Concussion Information Sheet*. *If true, please check box.*
- It is my responsibility to tell my parents, my coach, and/or a medical professional about my injuries and illnesses. *If you agree, please check box.*

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

\_\_\_\_\_ A concussion is a brain injury, which I am responsible for reporting to my  
Initial coach(es), my parents, or a medical professional if one is available.

\_\_\_\_\_ A concussion can affect my ability to perform everyday activities, my  
Initial ability to think, my balance, and my classroom performance.

\_\_\_\_\_ I realize I cannot see a concussion, but I might have some of the symptoms  
Initial right away. Other symptoms can show up hours or days after the injury.

\_\_\_\_\_ If I think a teammate has a concussion, I am responsible for telling my  
Initial coach(es), my parents, or a medical professional about their concussion.

\_\_\_\_\_ I will not return to play in a game or practice if a hit to my head or body  
Initial causes any concussion-related symptoms.

\_\_\_\_\_ I need written permission from a medical professional trained in concussion  
Initial management to return to play or practice after a concussion.

\_\_\_\_\_ After a concussion, the brain needs time to heal. I understand that I am  
Initial much more likely to have another concussion or more serious brain injury if I return to play or practice before my symptoms go away.

\_\_\_\_\_ Sometimes, repeat concussions can cause serious and long-lasting problems.  
Initial

\_\_\_\_\_ I have read the concussion symptoms on the Concussion Information Sheet.  
Initial

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Student-Athlete



# CONCUSSION

## INFORMATION FOR STUDENT-ATHLETES

**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 like 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 that can affect your thinking, the way you feel, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-everything bothers you easily	Sleeping more than usual
Feeling slowed down	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	More moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	
	Dizziness		
	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 and symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need.

**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 issues 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 ongoing sadness, not feel like yourself, or have trouble remembering things for a long time. 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.*

Ask your licensed athletic trainer, coach, or athletic director about:

The Emergency Action Plan at your school

The concussion policy at your school

What you should do if you have a concussion

How to play your sport in the safest way

*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.*

# CONCUSSION

## INFORMATION FOR *COACHES/PARENTS/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		
	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 have witnessed 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.*

Ask your licensed athletic trainer, principal, or athletic director about:

The Emergency Action Plan at your school

The concussion policy at your school

What you should do if you suspect a concussion

How to help athletes play their sport in the safest way

*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/Parent/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  
Initial activities, their ability to think, their balance, and their classroom performance.

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

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

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

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

\_\_\_\_\_ Following concussion the brain needs time to heal. I understand that  
Initial 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.

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

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

\_\_\_\_\_  
Signature of Coach/Parent/School Nurse/Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Coach/Parent/School Nurse/Volunteer

**\*\*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. Situations 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**

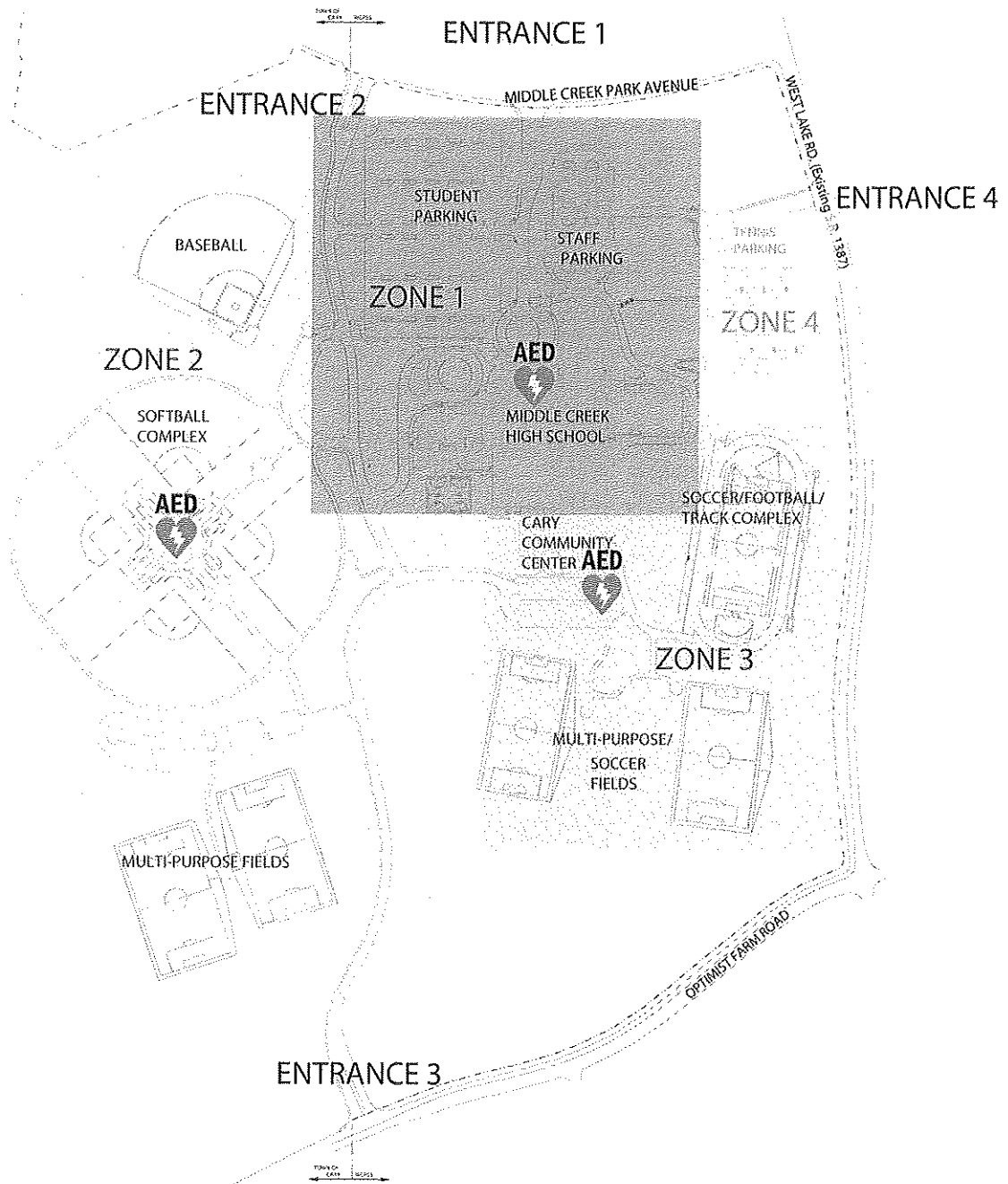
**ZONE 3 (Community Center Gymnasium, Auxiliary Gymnasium, Athletic Hallway, Stadium, Practice Fields)**

**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

MIDDLE CREEK HIGH SCHOOL  
 123 MIDDLE CREEK PARK AVENUE  
 APEX, NC 27539  
 MAIN OFFICE: 919-773-3838  
 ATHLETIC TRAINER: 868-0499

## **Post-Concussion Protocol**

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.

## Gfeller-Waller Concussion Clearance ■ NCHSAA Return to Play Form

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC web site (<http://www.cdc.gov/concussion/index.html>) as well as the NCHSAA Concussion Return to Play Form. All medical providers are encouraged to review this site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. Medical providers, please initial any recommendations you select.

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

### HISTORY OF INJURY

Person Completing Form (circle one): Licensed Athletic Trainer | First Responder | Coach | Parent | Student  
 Please see attached information    Please see further history on back of form

Date of Injury \_\_\_\_\_

Did the athlete have:	Circle one	Duration/Resolution
Loss of consciousness or unresponsiveness?	YES   NO	Duration _____
Seizure or convulsive activity?	YES   NO	Duration _____
Balance problems/unsteadiness?	YES   NO	IF YES, HAS THIS RESOLVED?   YES   NO
Dizziness?	YES   NO	IF YES, HAS THIS RESOLVED?   YES   NO
Headache?	YES   NO	IF YES, HAS THIS RESOLVED?   YES   NO
Nausea?	YES   NO	IF YES, HAS THIS RESOLVED?   YES   NO
Emotional Instability (abnormal laughing, crying, smiling, anger?)	YES   NO	IF YES, HAS THIS RESOLVED?   YES   NO
Confusion?	YES   NO	IF YES, HAS THIS RESOLVED?   YES   NO
Difficulty concentrating?	YES   NO	IF YES, HAS THIS RESOLVED?   YES   NO
Vision problems?	YES   NO	IF YES, HAS THIS RESOLVED?   YES   NO
Other _____	YES   NO	IF YES, HAS THIS RESOLVED?   YES   NO

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### MEDICAL PROVIDER RECOMMENDATIONS

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

### RETURN TO SPORTS

PLEASE NOTE

1. Athletes should not 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

- SPORTS
- Do not return to sports practice or competition at this time.
  - May gradually return to sports practices 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
  - Cleared for full participation in all activities without restriction

Physician Name (please print) \_\_\_\_\_ MD or DO

Office Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature (Required) \_\_\_\_\_

Date \_\_\_\_\_

*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. (Please see right side)*

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

**Gradual Return to Play Plan (Sample):** Return to play should occur in gradual steps beginning with light aerobic exercise only to increase your heart rate (e.g. stationary cycle); moving to increasing your heart rate with movement (e.g. running); then adding controlled contact if appropriate; and finally return to sports competition. Pay careful attention to your symptoms and your thinking and concentration skills at each stage or activity. After completion of each step without recurrence of symptoms, you can move to the next level of activity the next day. **Move to the next level of activity ONLY if you do not experience any symptoms at the present level.** If your symptoms return, let your health care provider know, and return to the first level once symptom free.

- Day 1:** Low levels of physical activity (i.e. symptoms do not return during or after the activity). This includes walking, light jogging, light stationary biking, and light weightlifting (low weight – moderate reps, no bench, no squats).
- Day 2:** Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduce time and or reduced weight from your typical routine).
- Day 3:** Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills (agility – with 3 planes of movement).
- Day 4:** Non-Contact, sports-specific practice.
- Day 5:** Full contact in controlled drill(s) or practice.
- Day 6:** Return to competition.