



Athletic Training

EMERGENCY ACTION PLAN FOR ATHLETICS

Updated April, 2013

ASHLEY HIGH SCHOOL EMERGENCY ACTION PLAN FOR ATHLETICS

Table of Contents

OVERVIEW OF THE EMERGENCY ACTION PLAN	4
ATHLETIC TRAINING ROOM POLICIES AND PROCEDURES	9
The Role of the Athletic Trainers	9
Athletic Trainer Priorities	9
Training Room Hours	9
Training Room Rules: The Thirteen Commandments	10
Reporting Injuries	10
Taping & Treatments: Services Available	10
Over the Counter Medications	11
Physician Referrals	11
Getting Hurt on the Field	11
Other Injury Management	11
Athletic Trainer Priorities	12
Travel Bags for Coaches	12
Student Athletic Trainers	12
Contacting the Athletic Trainers	12
BASIC TAPING TECHNIQUES FOR SPORT COACHES	13
Ankles	25
Elbow	26
Foot Arch	27
Groin	28
Heel	29
Thumb	30
Wrist	31
DEALING WITH SPORT EMERGENCIES AT ASHLEY HIGH SCHOOL	21
Baseball Complex	22
Basketball, Volleyball & Wrestling: Main Gymnasium at Ashley	23
Basketball, Volleyball & Wrestling: Auxiliary Gymnasium at Ashley	24
Football, Lacrosse, Soccer: Ashley Practice Fields	25
Lacrosse and Soccer: Veteran's Park Field	26
Football, Lacrosse, Soccer: & Track: Ashley Stadium	27
Softball: OK-Ward Complex	28
Wrestling: Practice Facility at Ashley	29
	30
DEALING WITH SPORT EMERGENCIES OFF CAMPUS	31
Golf: Beau Rivage Golf and Plantation	32
Swimming: YWCA Practice	33
Swimming: UNC-W Meets	34

APPENDIX A: Aerial View of Ashley High School Athletic Facilities	35
APPENDIX B: Ashley Emergency Plan	36
APPENDIX C: Emergency Contacts	36
APPENDIX D: Concussion Management Return to Play Guidelines	37

ASHLEY HIGH SCHOOL

EMERGENCY ACTION PLAN FOR ATHLETICS OVERVIEW

Introduction

Emergency situations may arise at anytime during athletic events. Expedient action must be taken in order to provide the best possible care to the sport participant of emergency and/or life threatening conditions. The development and implementation of an emergency plan will help ensure that the best care will be provided.

As emergencies may occur at anytime and during any activity, all school activities workers must be prepared. Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and to provide appropriate standards of emergency care to all sports participants. As athletic injuries may occur at any time and during any activity, the sports medicine team must be prepared. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine and planning. Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team should enable each emergency situation to be managed appropriately.

Components of the Emergency Plan

These are the basic components of every emergency action plan for athletics:

1. Emergency Personnel
2. Emergency Communication
3. Emergency Equipment
4. Roles Of Certified Athletic Trainers, Student Trainers, Coaches, And Administrators
5. Venue Directions With map

The Ashley High School Emergency Action Plan also includes the following:

- Athletic Training Room Policies and Procedures
- Basic Injury Management for Coaches
- Basic Taping Techniques for Coaches

Emergency Plan Personnel

With athletic practice and competition, the first responder to an emergency situation is typically a member of the sports medicine staff, most commonly a certified athletic trainer. A team physician may not always be present at every organized practice or competition. The type and degree of sports medicine coverage for an athletic event may vary widely, based on such factors as the sport or activity, the setting, and the type of training or competition. The first responder in some instances may be a coach or other institutional personnel. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is strongly recommended for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning.

The development of an emergency plan cannot be complete without the formation of an emergency team. The emergency team may consist of a number of healthcare providers including physicians, emergency medical technicians, certified athletic trainers; student athletic trainers; coaches; parents; and, possibly, other bystanders. Roles of these individuals within the emergency team may vary depending on various factors such as the number of members of the team, the athletic venue itself, or the preference of the head athletic trainer. There are four basic roles within the emergency team. The first and most important role is establishing safety of the scene and immediate care of the athlete. Acute care in an emergency situation should be provided by the most qualified individual on the scene. In most instances, this role will be assumed by the Certified Athletic Trainer, although if the team physician is present, he/she may be called in. The second role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This

should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event. Typically, the school administrator is the best choice to fulfill this role. The third role, equipment retrieval may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Student athletic trainers and coaches are good choices for this role. The fourth role of the emergency team is that of directing EMS to the scene. One member of the team should be responsible for meeting emergency medical personnel as they arrive at the site of the emergency. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel. A student athletic trainer, administrator, or coach may be appropriate for this role.

Emergency Plan Personnel

A member of the sports medicine staff is usually the first responder to an injury during athletic events; ideally the certified athletic trainer. However, due to the multitude of practices/games, number of athletes, and travel; the athletic trainer will not always be able to respond to an emergency. It is in these incidences, other emergency team personnel must be first responders; specifically coaches. Certification in cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, blood borne pathogen, and emergency plan review is strongly recommended for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning.

Ashley Emergency Personnel

1. Certified Athletic Trainer (ATC) / Team Physician
2. Coaches
3. Athletic Director
4. Resource Officer
5. Student Athletic Trainers

Roles of the Emergency Personnel

The most important role of any emergency personnel is to recognize a possible medical emergency. There are several injuries or behaviors that dictate immediate EMS activation. This includes but is not limited to: loss or altered consciousness, breathing difficulties, head or neck injuries, seizures, chest pain, heat related illness, severe allergic reactions, profuse bleeding, severe fractures and dislocations, and shock. Any time an injury, behavior, condition and/or situation is questionable; activate EMS. **When in doubt...send out: Call 911.**

Recognizing an Emergency

1. Loss of Consciousness or Altered State of Consciousness
2. Head or Neck Injury (do not move)
3. Breathing Difficulty
4. Chest Pain
5. Heat Illness
6. Severe Allergic Reactions
7. Seizures
8. Profuse Bleeding
9. Severe Fractures & Dislocations
10. Shock

Roles of emergency personnel can vary due to the type, number, and severity of the injury. It is highly recommended that the most qualified member of the emergency team take the lead in delivering acute care; this is usually the athletic trainer or the team physician. There are four basic guidelines to follow when reacting to a medical emergency. First, make sure the scene is safe for any emergency personnel to enter. Second, activate the EMS by calling 911. Ashley High School does not

have onsite EMS personnel present at games. Depending on the situation, the response time for EMS at Ashley is approximately 10 minutes. Any member of the emergency team can make the call. However, it is suggested that the team member that activates EMS should be someone who is familiar with the local area, can remain calm, and communicates well with other individuals. In most instances it is easiest to assign a team member other than the person who is giving acute care. For instance, if an athletic trainer is stabilizing an athlete, a coach or athletic director should call 911 so the athletic trainer can focus on providing appropriate care. In any situation that is considered an emergency it is essential for the 911 call to be made as quickly as possible. The third guideline is to retrieve any emergency equipment needed. Examples include, but are not limited to: an Automated External Defibrillator (AED), vacuum splint kit, and American Red Cross CPR Pocket Mask. The fourth role of the emergency team is directing EMS to the scene. One person of the team should direct and meet the EMS upon arrival. This person should be familiar with the facility and should have keys for all doors and gates. Athletic directors, resource officers, and coaches are ideal for this role. It is important to note that care should continue until the EMS arrives. This can include, but is not limited to: stabilizing the athlete, CPR, monitoring vital signs, and wound care. Please review the maps included in Appendix B and C to assist with the familiarization of the school's location of emergency equipment and EMS routes.

Roles within the Emergency Team

1. Establish scene safety and immediate care of the athlete
2. Activation of the Emergency Medical System
3. Emergency equipment retrieval
4. Direction of EMS to scene

Activating the EMS System

Making the Call:

911 (all emergencies, Cell phone)
99-911 (any school phone)

Providing Information:

- name, address, telephone number of caller
- nature of emergency, whether medical or non-medical *
- number of athletes
- condition of athlete(s)
- first aid treatment initiated by ATC/Physician
- specific directions as needed to locate the emergency scene ("from Carolina beach Road take a right on Halyburton Memorial parkway and continue to....")
- other information as requested by dispatcher

Emergency Communication

Communication is the key to quick emergency response. Athletic trainers and emergency medical personnel must work together to provide the best emergency response capability and should have contact information such as telephone tree established as a part of pre-planning for emergency situations. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. If emergency medical transportation is not available on site during a particular sporting event then direct communication with the emergency medical system at the time of injury or illness is necessary.

Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. The most common method of communication is a public telephone. However, a cellular phone is preferred if available. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible.

Emergency Equipment

All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers. Creating an equipment inspection log book for continued inspection is strongly recommended.

It is also important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise

Medical Emergency Transportation

Emphasis should be placed at having an ambulance on site at high risk sporting events. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering / exiting the venue. If an ambulance is not present at an event, entrance to the facility should be clearly marked and accessible. In the event of an emergency, the 911 system will still be utilized for activating emergency transport.

In the medical emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport decisions. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete. Any emergency situations where there is impairment in level of consciousness (LOC), airway, breathing, or circulation (ABC) or there is neurovascular compromise should be considered a “load and go” situation and emphasis placed on rapid evaluation, treatment and transportation. In order to provide the best possible care for Ashley High School athletes, *all emergency trauma transports are to be sent to New Hanover Regional Hospital.*

Non-Medical Emergencies

For the following non-medical emergencies: fire, bomb threats, severe weather and violent or criminal behavior, refer to the school district’s emergency action plan guidebook (multi-colored flip chart) and follow the instructions provided.

Conclusion

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete’s survival may hinge on how well trained and prepared athletic healthcare providers are. It is prudent to invest athletic department “ownership” in the emergency plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The emergency plan should be reviewed at least once a year with all athletic personnel, along with CPR and first aid refresher training. Through development and implementation of the emergency plan, Ashley High School helps ensure that the athlete will have the best care provided when an emergency situation does arise.

Approval and Acceptance of the Ashley High School Emergency Plan for Athletics

Approved by _____ Ashley High School Principal	_____ Date
Approved by _____ Ashley High School Athletic Director	_____ Date
Approved by _____ Ashley High School Head Athletic Trainer	_____ Date
Approved by _____ Ashley High School Assistant Athletic Trainer	_____ Date



Part II:
ATHLETIC TRAINING ROOM POLICIES AND PROCEDURES

The Training Room



The Role of the Athletic Trainers

Certified by the **National Athletic Trainers Association (NATA)**, an athletic trainer (ATC) is the member of the allied health community whose role is to care for and help prevent athletic-related injuries. At Ashley High School, there are two certified athletic trainers on staff. The priority of these athletic trainers is to provide on-site care for football, wrestling, lacrosse practices and other contests. Because of limitations, there may or may not be an athletic trainer available for all sports contests. In any case, all other sports' athletes are welcome to utilize athletic training services at the school during posted training room hours. If any athlete is injured during athletic participation, he/she needs to be evaluated by the athletic trainer. Services in the training room are rendered on a first-come-first-serve basis.

Training Room Hours

On most school days, there will be an athletic trainer available M-F from 3:00pm to 5:00pm. On game days, training room hours may vary. Other times may be scheduled. If coaches schedule practice times other than during these times, it is up to those coaches to alert the ATCs and arrange for the training room to be available to athletes.

Athletic Trainer Priorities

The athletic trainers will be at as many athletic practices and games as possible. Coaches should remember that the athletic trainer is a full-time teacher at Anderson, so he is not available (as a general rule) during the school day. Event coverage adheres to NATA injury surveillance studies and will be prioritized as follows:

Reporting Injuries to the Athletic Trainer After Hours

If an athlete is injured and an athletic trainer is not available at the time, the coach should have the injured athlete report to the training room the next day at 3:00pm (school day). The coach and/or athlete should also call the athletic trainer to alert them to the injury. If the injury is serious, coaches should send the athlete immediately to a physician. All injuries sustained by Ashley athletes and subsequent evaluations and treatments rendered by Ashley's athletic trainers must be documented. Athletes are responsible for signing in daily before getting treatment. All physician release forms must go to athletic trainers.

Taping & Treatments: Services Available

The Ashley High School athletic trainers and student trainers will only tape athletes who we recognize as having orthopedic issues. Preventative taping will be performed as long as the athlete comes everyday.

We will not tape athletes just for game days. *Our feeling is that athletes don't - and shouldn't - play harder in games than they do in practice. Therefore taping just for games is not an option.* If an athlete needs to be taped, it will be because one of the certified athletic trainers have first assessed the athlete and decided upon the need. Sore ankles are not necessarily unstable ankles. Please don't send athletes in to get taped. Other treatment services available in Ashley's training room include cold therapy (ice, whirlpool), thermotherapy (heat packs), electronic stimulation, ultrasound, intermittent compression, assisted stretching, wound care, and some forms of assistance with rehabilitation.



Over the Counter Medications

Coaches are not allowed to dispense any type of medication and should strongly discourage athletes from carrying their own. Several over the counter medications are available in the training room. These include Tylenol, ibuprofen, cough drops, tampons, antacids, and anti-diarrhea medications. Athletic trainers will not dispense any medication without the parent(s) consent.

Physician Referrals

Should an injury or illness warrant additional treatment and care, the athletic trainers at Ashley can assist in the referral process. Orthopaedic referrals will only be done to the athlete's orthopaedic physician of preference, as noted on the annual sports medicine form signed by the athlete's parent or guardian. In most cases, when Ashley's athletic trainers call the orthopaedic physician directly, the athlete will be seen by that doctor within one to three days. Any athlete who sees a physician for an injury sustained while participating in a sport or activity at Ashley High School must present a signed physician release form to the athletic trainer. Any athlete who does not present a physician release to the athletic trainer should not be allowed to resume practice or participate in games.



Getting Hurt on the Field

If an athlete is injured on the field, no matter what type, **he/she should never be moved** if a head or neck injury is suspected. If the injured athlete has a head or spinal injury and is moved, the vertebrae can shift and sever the spinal cord. A severed spinal cord can mean permanent paralysis for that athlete. Thus, you should **never move an injured athlete!** In the case of football, wrestling, lacrosse, and home basketball games, an athletic trainer will always be present. At other sporting events, however, it will be necessary for the coach to evaluate the injury and use a "common sense" approach to whether or not it will be necessary to call for an ambulance.

When in doubt, call out! Dial 9-1-1.

Other Injury Management

In the event that an athlete sustains an injury, it is his/her responsibility to contact an athletic trainer immediately after that injury is sustained. The athletic trainer will then evaluate the injury and give treatment instructions to the athlete. In the event that a Physician referral is necessary, the athletic trainers at Ashley will refer the athlete to the preferred physician of the athlete's parents, as noted on the Sports Medicine form completed by parents at the beginning of the year. If a physician referral is necessary, the athletic trainers will then follow that physician's instructions for treatment and rehabilitation. If the athlete is injured enough that he/she can not participate in practice or games, the athletic trainers will let the coaches know. In most cases, please note that the coaches still want the injured athletes to attend practice as an observer. If the athletic trainers are treating an athlete for an injury (i.e., sprained ankle gets whirlpool treatments), it is that athlete's responsibility to show up at the designated time **daily** to receive those treatments. If an athlete is ill, the athlete or his/her parents should contact one of the athletic trainers or a Coach at **790-2360 x109** (Training Room).

Coaching First Aid & CPR Training

In accordance with the NCHSAA recommendations, all coaches, both head and assistant, at Ashley High School must be trained in first aid and CPR. Ashley High School's athletic trainers will instruct the course periodically based on interest and need. These first aid and CPR classes will be conducted at the request of the school's administration. All attendees will certify in Adult CPR and AED from the American Red Cross. The first aid component of Ashley's course will be concentrated toward sport-related issues relevant to Ashley High School athletics and the symbiotic role of the school's athletic trainers and coaches.

Travel Kits for Coaches

The athletic trainers will supply a first aid kit/bag to all sport teams that do not have an athletic trainer scheduled to travel with them at the coach's request. Supplies are limited. Coaches should not tape athletes who aren't getting taped daily by athletic trainers.



Student Athletic Trainers

By law, all student athletic trainers must be directly supervised at all times (within sight and sound). That means they can not travel with teams by themselves unless the coach feels comfortable providing supervision of those student trainers and the athletic trainers feel comfortable sending them. In this instance, the only thing student trainers can do is to provide taping services and basic first aid. Never can a student athletic trainer make return to play decisions involving an orthopaedic or head-injured athlete.

Injury Privacy and the Law

The Health Insurance Portability and Accountability Act (HIPAA) prohibits any dissemination of medical information to non-authorized parties. Administrators, coaches, and sports medicine personnel should never release any information about an athlete's injury or condition to any person without expressed consent of the athlete's parent.

Contacting the Athletic Trainer:

Shanaka Riddle	Athletic Training Room
910-512-3884 cell / text	TRAINING ROOM PHONE: 910-790-2360 x109

Additional Ashley Sports Medicine Team Members

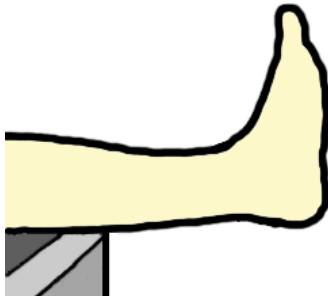
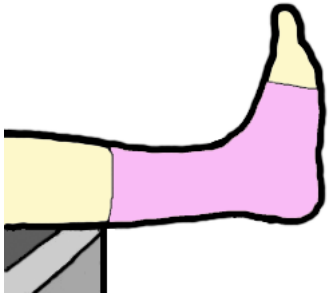
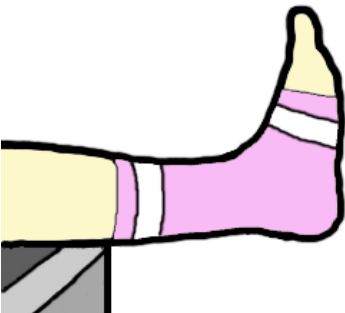
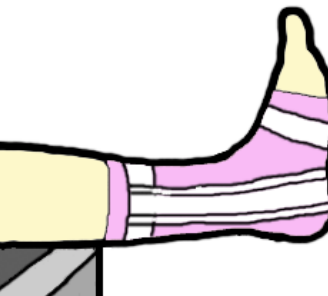
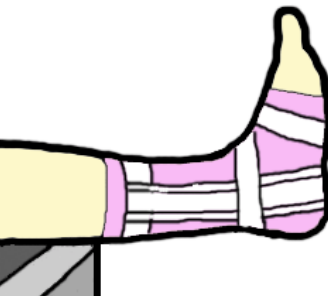
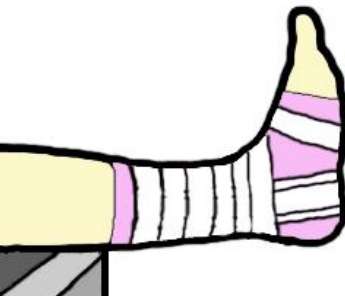
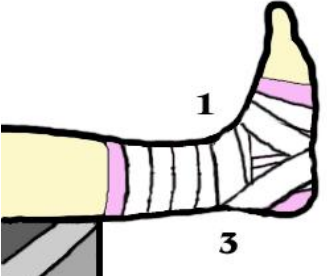

Dr. David Esposito, Carolina Sports Medicine Team Physician/Medical Director

910-799-0110


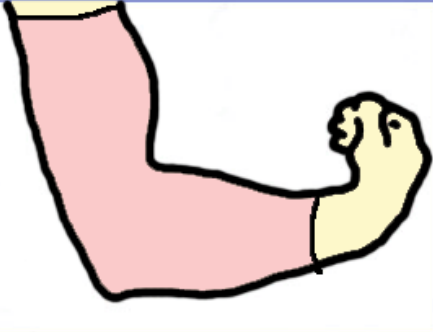
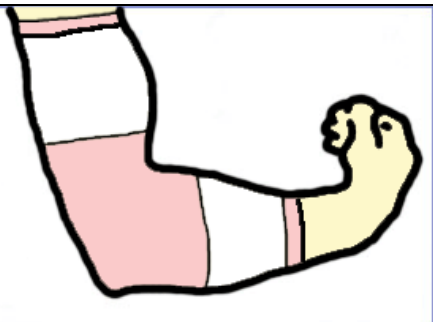
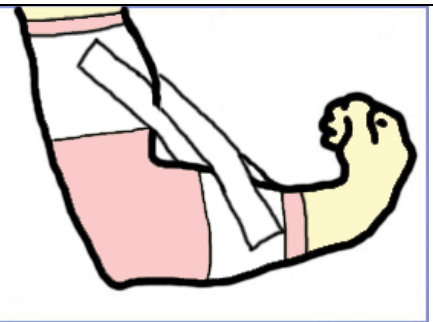
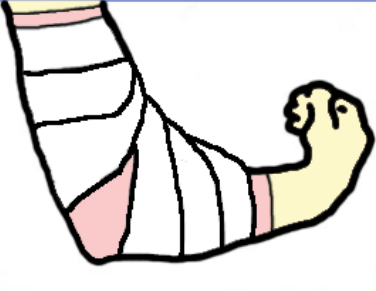


Part III:
BASIC TAPING TECHNIQUES FOR SPORT COACHES

Taping Ankles

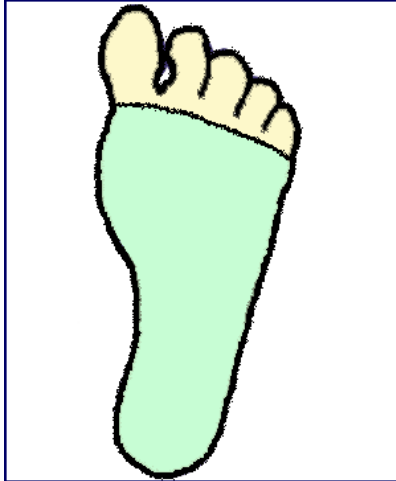
		
<p>Step 1</p> <p>Place athlete on table. Spray ankle area with adhesive spray. Have athlete pull toe back so foot is at a 90 degree angle and point toes slightly outward.</p>	<p>Step 2</p> <p>Pre-wrap ankle from mid-calf to just past the mid-foot.</p>	<p>Step 3</p> <p>Using 2" athletic tape, place anchor strip at the base of the gastrocnemius (calf). Be sure to angle slightly upward (10:00 and 2:00 positions). Place another anchor strip around medial arch on foot – loosely.</p>
		
<p>Step 4</p> <p>Place 3-5 stirrups longitudinally around ankle joint. Start on inside of foot, pull snug on outside as you fasten at the top.</p>	<p>Step 5</p> <p>Place 1-3 strips at base of lower leg around ankle joint – just above the heel.</p>	<p>Step 6</p> <p>Cover stirrups with more strips around lower leg. Be sure to maintain upward angle. Be sure to tear tape after each rotation to avoid circulation problems.</p>
		
<p>Step 7</p> <p>Apply heel locks. Start tape at 1 (top of ankle), around to 2 (base of heel bone) and around to 3 (back of heel/Achilles' tendon). Then continue to 1– 2– 3 again. Do this 2-4 more times, tearing tape each time. Be careful not to go too low on the foot or too high on the ankle.</p>		<p>Step 8</p> <p>Place more strips around to secure heel locks. Check for gaps and cover them with strips. Be sure there are no significant folds in tape to avoid blistering or cuts.</p>

Taping the Elbow

	
<p>Step 1 Spray elbow area with adhesive spray. Have athlete flex elbow to 90 degrees, flex bicep and flex wrist. Have the athlete make a tight fist so that forearm muscles are fully flexed.</p>	<p>Step 2 Spray elbow area generously with adhesive spray. Pre-wrap from just above the belly of the bicep to just above the wrist.</p>
	
<p>Step 3 Using 3" elastic tape, place anchor strips around the entire bicep muscle (you may want to anchor to the skin to ensure the tape job doesn't slide down) to the mid-forearm.</p>	<p>Step 4 Using 2" white athletic tape, place 3 stirrups perpendicular to elbow crease from the top anchor strip to the bottom anchor strip. Then, place 3-5 X strips: inside bicep to outside forearm; outside bicep to inside forearm.</p>
	
<p>Step 5 Using 3" elastic tape, cover entire area. Be sure not to make the tape too tight. Be sure athlete continues to have bicep, wrist and fist fully flexed to avoid circulation issues.</p>	

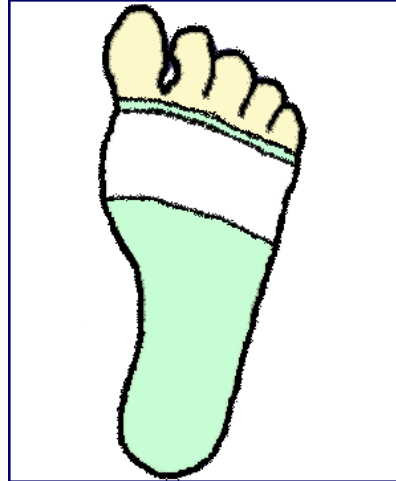
NEVER USE STANDARD WHITE ATHLETIC TAPE TO GO AROUND MUSCLE.
Without the elasticity, muscle cell dies and strength is significantly reduced.

Taping the Foot Arch



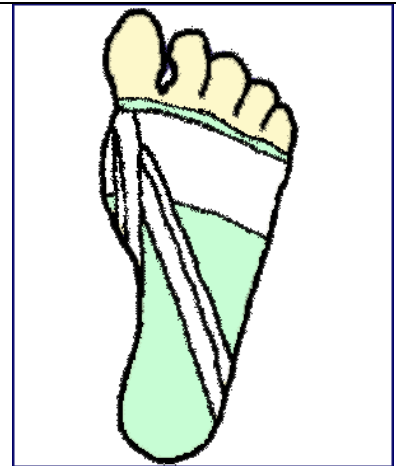
Step 1

Place athlete on table. Spray bottom of foot generously with adhesive spray. Allow 1-2 minutes to dry. Pre-wrap entire foot and heel area. You will anchor the pre-wrap over the ankle joint.



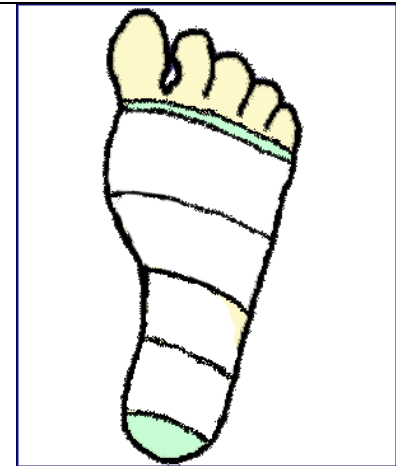
Step 2

Using 3" elastic soft tape, apply one single rotation of tape around the ball of the foot just below the toes. Be sure not to pull the tape very tight, but also don't leave it too loose.



Step 3

Using a split roll of 2" white athletic tape, you will now apply teardrop strips. Starting above the ball of the great toe, apply the tape down across the foot and behind the heel. Work the tape around the back of the heel and back up across the arch. Tear the tape over the top of the original starting position. Apply 3-4 teardrops.

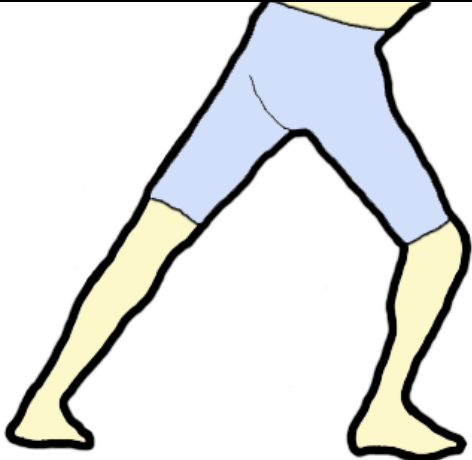
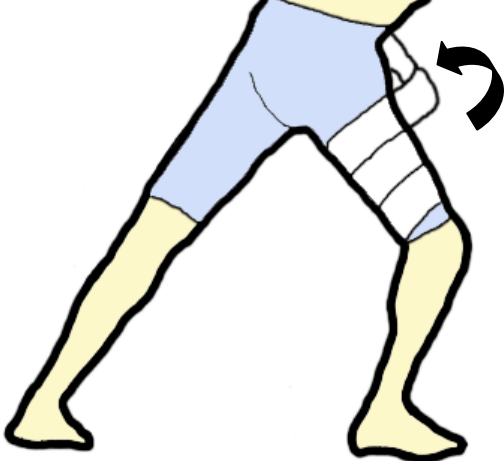



Step 4

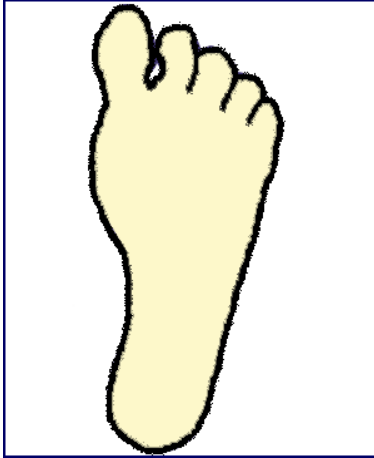
Once the teardrops are in place, cover the entire foot with 3" soft elastic tape. You will want to apply a basic heel lock (see ankle tape) to ensure the tape job stays in tact during athletic participation.

For athletes with arch and ankle problems, tape the arch first and then tape the ankle.

Taping the Groin

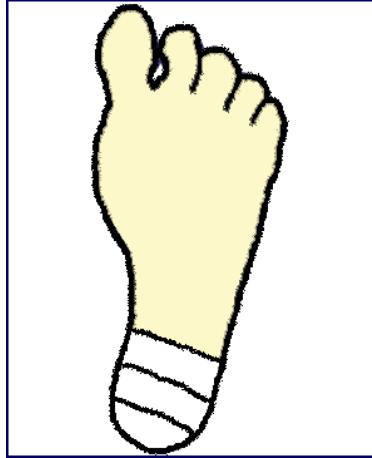
	<p>Step 1</p> <p>Have the athlete strip down to compression shorts or underwear. Then, ask the athlete to put majority of his or her weight on the affected leg with the knee bent to 35-50 degrees.</p>
	<p>Step 2</p> <p>Using a double-length, elastic bandage (ACE wrap or 3" soft elastic tape), begin the wrap just above the knee and work upwards and diagonally up the thigh. Pull tension on the inside of the leg ("pull and then wrap"). Overlap half of the width of the elastic wrap. Once you cover the groin area, angle the wrap above the opposite hip bone and behind and around the waist...</p>
	<p>Step 3</p> <p>Once you come around the waist, cover the hip bone of the affected leg and reverse the direction of the elastic wrap back down the thigh. Secure the wrap once you get back down to the knee. Be certain there are no visible gaps and that the wrap does not have any weak areas.</p> <p>If using an ACE wrap, you will want to secure the end points with 3" elastic tape.</p>

Taping the Heel



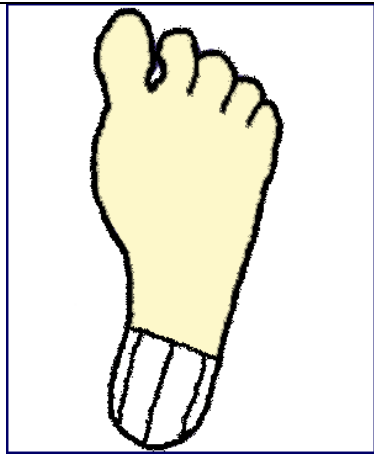
Step 1

Place athlete on table. Spray bottom of heel area generously with adhesive spray. Allow 1-2 minutes for adhesive spray to completely dry. Area will be very sticky. You are not using pre-wrap.



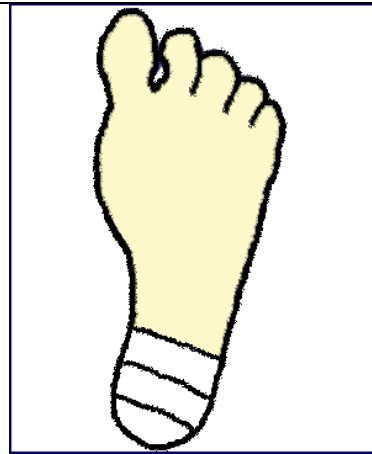
Step 2

Using 2" white athletic tape, apply 3-4 strips on the bottom of the heel. Pull tension on both sides of the tape. Each strip should run the width of the heel and will anchor approximately $\frac{1}{2}$ to 1 inch on the inside and outside of the leg.



Step 3

Again, using 2" white athletic tape, apply 3-4 strips on the bottom of the heel. This time, the strips should be perpendicular to the previous strips. Pull tension on the back of the heel. These strips will anchor at the front of the heel and approximately $\frac{1}{2}$ to 1 inch on the back of the heel (Achilles' tendon)

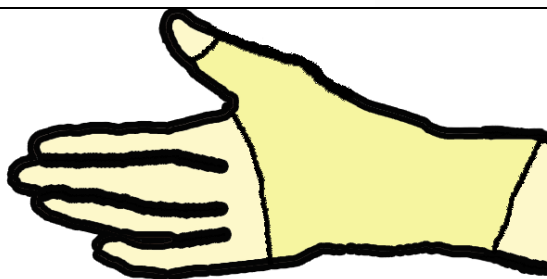


Step 4

Apply another 3-4 strips on the bottom of the heel perpendicular again to the previous strips. Pull tension on both sides of the tape.

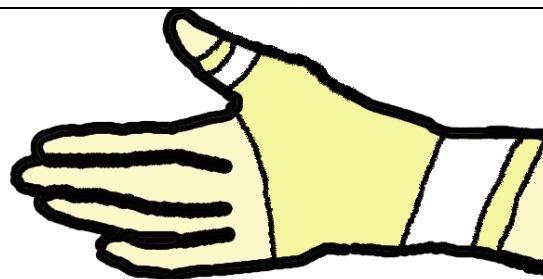
This is an excellent tap job for bruised or sore heels.

Taping the Thumb



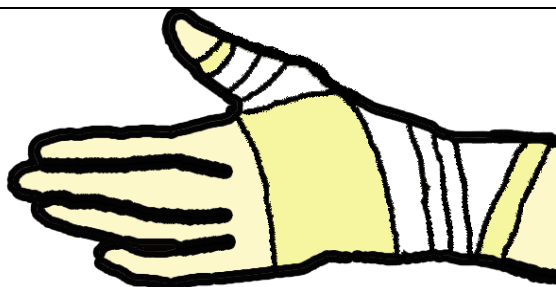
Step 1

Have the athlete put the hand forward – as if to shake your hand. The athlete should have his/her thumb in a neutral position. Apply adhesive spray generously to thumb and wrist areas. Pre-wrap thumb, hand and wrist.



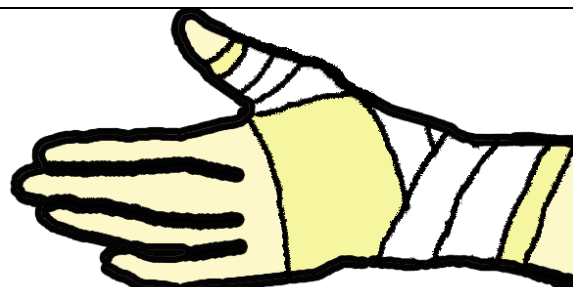
Step 2

Using 2" white athletic tape, apply anchor strip to wrist. Be sure you are laying the tape evenly over the wrist to avoid circulation issues later on. Split the 2" roll of tape and apply 1" wide anchor strip around thumb just below the middle knuckle.



Step 3

Continuing to use the split roll of white athletic tape, you will now form the thumb spica. Anchor the end of the strip on the back of the wrist and angle the strip around the palm, to the inside of the thumb and that back to the inside of the wrist. Tear the tape. Repeat these spica strips until you cover the entire base of the thumb (where the thumb meets the wrist). For additional support (but less mobility), go higher on the thumb. Be sure to overlap the tap by half of its width.









Step 4

Using 2" white athletic tape, apply anchor strip to wrist. Be sure you are laying the tape evenly over the wrist to avoid circulation issues later on. Split the 2" roll of tape and apply 1" wide anchor strip around thumb just below the middle knuckle.

For even more support (including additional wrist support), you can run a strip through the hand.

Taping the Wrist

		
<p>Step 1</p> <p>Have athlete spread hand and fingers wide. You want to make sure all muscles are contracted and tight. After spraying with adhesive, pre-wrap area from lower arm (just above the wrist) to the hand.</p>	<p>Step 2</p> <p>Using 2" white athletic tape, apply one continuous strip around the wrist, through the hand, and back around the wrist. Be sure not to apply the tape too tightly around the crease between the thumb and the hand.</p>	<p>Step 3</p> <p>You will now apply stirrup strips. The first is one straight stirrup from the palm side of the hand through the wrist. Apply slight flexion to the wrist.</p>
		
<p>Step 4</p> <p>The next stirrup should run from the thumb side of the palm to the inside of the wrist. Be sure to maintain slight flexion of the wrist.</p>	<p>Step 5</p> <p>The final stirrup should run from the inside of the palm (pinky finger) to the outside of the wrist.</p> <p>For added support, you may repeat steps 3-5 and/or increase wrist flexion when you apply the stirrups.</p>	<p>Step 6</p> <p>Continuing with your 2" white athletic tape, apply one continuous strip again around the wrist 2-3 times, through the hand, and back around the wrist. Be sure the athlete keeps the hand and fingers flexed to avoid circulation problems.</p>

For wrist flexion injuries, place the stirrups on the back side of the hand with the wrist hyper-extended.



Part IV:
DEALING WITH SPORT EMERGENCIES AT ASHLEY HIGH SCHOOL

Ashley Emergency Plan: Baseball/Softball

Baseball/Softball Fields at Ashley

Emergency Personnel: A Certified Athletic Trainer and/or First Responder.

Emergency Communication: The Certified Athletic Trainer will have a cellular phone (Shanaka Riddle 910-512-3884). Additional fixed telephone lines accessible from Ashley High School: 910-790-2360 x109. Because some practices occur away from Ashley's practice facilities, we also recommend the head coach of each of the baseball/softball teams carry a cellular phone, in case of emergency.

Emergency Equipment: supplies stored in Training Room include splint kit, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the team's physician.

Roles of Certified Athletic Trainer (ATC)

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
 - Activation of emergency medical system (EMS);
 - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested;
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Student Athletic Trainers/Coaches

- Direct EMS personnel (ambulance) to scene;
- Unlock and open bar gate between school and practice fields;
- designate individual to "flag down" EMS and direct to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including players) away from area.

Roles of Administrative Staff

- Ensure emergency entrance to baseball/softball facility is clear and accessible;
- Direct EMS personnel (ambulance) to scene (in the event that there are no student trainers present);
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

Venue Directions:

Ashley Baseball/Softball and Practice Fields: From Carolina Beach road, turn right on Halyburton Memorial Parkway. Take the first right before you get to the soccer fields at Veteran's Park. Continue straight ahead until you see the baseball field on your right. The entrance into the gate is beside the ticket booth.

Venue Map: Ashley Baseball/Softball and Practice Fields



Ashley Emergency Plan: Basketball, Volleyball & Wrestling
Main Gymnasium at Ashley

Emergency Personnel: A Certified Athletic Trainer and/or First Responder.

Emergency Communication: The Certified Athletic Trainers carry cellular telephones (Shanaka Riddle 910-512-3884). Because of the need for late practices and also because the Certified Athletic Trainers will not be traveling to away games with some teams, it is also recommended that the head coaches of each of the volleyball, basketball and wrestling teams carry a cellular phone, in case of emergency.

Emergency Equipment: Supplies and equipment brought to gym for games include taping and bracing supplies, general trauma and wound care kits. Additional supplies stored in Training Room include splint kit, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the team's physician.

Roles of Certified Athletic Trainer (ATC)

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
 - Activation of emergency medical system (EMS);
 - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested;
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Student Athletic Trainers

- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene;

Roles of Administrators/Coaches

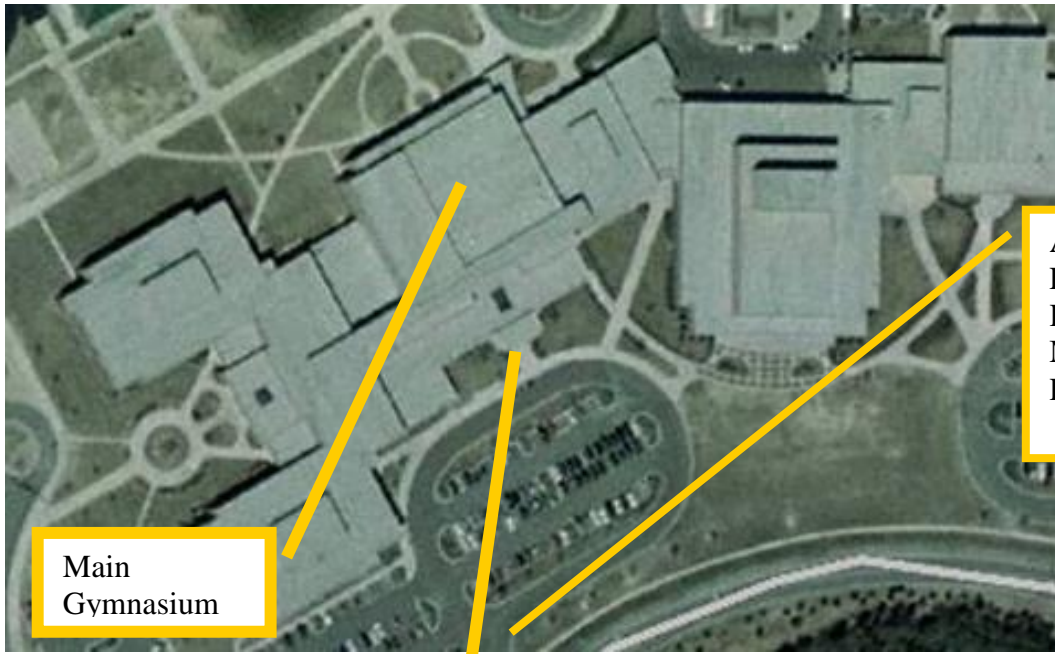
- Ensure emergency entrance to basketball facility is clear and accessible (check parking lots regularly);
- Unlock and open doors for EMS to access gym;
- Direct EMS personnel (ambulance) to scene (in the event there are no student trainers present);
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

Venue Directions:

Main Gymnasium at Ashley:

From Carolina Beach Road, turn right on Halyburton Memorial Parkway. Continue straight ahead past the soccer fields and the middle school to the circle in front of Ashley High School. Enter the front of the school and proceed directly into the gymnasium.

Venue Map: *Main Gymnasium at Ashley*



Main
Gymnasium

Front
Entrance

Ambulance
Entry from
Halyburton
Memorial
Parkway

Ashley Emergency Plan: Basketball, Volleyball & Wrestling

Auxiliary Gymnasium at Ashley

Emergency Personnel: A Certified Athletic Trainer and/or First Responder. The main priority for coverage during the winter season is wrestling.

Emergency Communication: The Certified Athletic Trainers carry cellular telephones (Shanaka Riddle 910-512-3884). Because of the need for late practices and also because the Certified Athletic Trainers will not be traveling to away games with some teams, it is also recommended that the head coaches of each of the volleyball, basketball, and wrestling teams carry a cellular phone, in case of emergency.

Emergency Equipment: Supplies and equipment brought to gym for games include taping and bracing supplies, general trauma and wound care kits. Additional supplies stored in Training Room include splint kit, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the team's physician.

Roles of Certified Athletic Trainer (ATC)

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
 - Activation of emergency medical system (EMS);
 - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Student Athletic Trainers

- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene;

Roles of Administrators/Coaches

- Ensure emergency entrance to facility ("Main Building) is clear and accessible (check parking lots regularly);
- Unlock and open doors for EMS to access auxiliary gym;
- Direct EMS personnel (ambulance) to scene (in the event there are no student trainers present);
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

Venue Directions:

Auxiliary Gymnasium at Ashley:

From Carolina Beach Road, turn right on Halyburton Memorial Parkway. Continue straight ahead past the soccer fields and the middle school to the circle in front of Ashley High School. Enter the front of the school and proceed through the front foyer, turn left and take the steps upstairs to the auxiliary gym on your right..

Venue Map: *Auxiliary Gymnasium at Ashley*



Entry to the main Building

Entry to the main
building from
Halyburton

Ashley Emergency Plan: Football, Soccer & Lacrosse

Ashley Practice Field

Emergency Personnel: A Certified Athletic Trainer and/or First Responder on school premises and/or in the Training Room during football practices and home/away football games.

Emergency Communication: The Certified Athletic Trainers carry cellular telephones (Shanaka Riddle 910-512-3884). The Certified Athletic Trainers can also be reached on two-way radios connected to the training room.

Emergency Equipment: supplies stored in Training Room include splint kit, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the team's physician.

Roles of Certified Athletic Trainer (ATC)

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
 - Activation of emergency medical system (EMS);
 - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested);
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Student Athletic Trainers

- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.

Roles of Student Athletic Trainers/Coaches

- Direct EMS personnel (ambulance) to scene;
- Unlock and open bar gate between school and practice fields;
- designate individual to "flag down" EMS and direct to scene;
- Scene control: limit scene to sports medicine personnel and move bystanders (including players) away from area.

Roles of Administrative Staff

- Ensure parking lot is clear and accessible to emergency personnel (watch parking lot).

Venue Directions:

Ashley Football Practice Fields: From Carolina Beach road, turn right on Halyburton Memorial Parkway. Take the first right before you get to the soccer fields at Veteran's Park. Continue straight ahead until you see the baseball field on your right. The entrance into the gate is beside the ticket booth. Ambulance may park there, next to the ticket booth or access the field by driving through the gate. School Address: 555 Halyburton Memorial Parkway. 910-790-2360 (main office).

Venue Map: Ashley Football/Soccer & Lacrosse Practice Fields



Ashley Emergency Plan: Football, Lacrosse, Soccer & Track

Ashley Stadium

Emergency Personnel: A Certified Athletic Trainer and/or First Responder will be present at football games. It is also recommended that an ambulance be present for all varsity football games.

Emergency Communication: The Certified Athletic Trainers carry cellular telephone (Shanaka Riddle 910-512-3884). ATC's also carry two-way radios.

Emergency Equipment: supplies stored in Training Room include splint kit, crutches, wheelchairs, various wound care necessities and any other items requested by the team's physician.

Roles of Certified Athletic Trainer (ATC)

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
 - Activation of emergency medical system (EMS);
 - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested;
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Student Athletic Trainers

- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene;

Roles of Administrative Staff

- Unlock gate at the track entrance to Ashley Stadium;
- Ensure parking area outside Ashley Stadium is clear and accessible to emergency personnel (ambulance and fire truck);
- Ensure access inside gate surrounding the track is clear and accessible to emergency personnel;
- Clear and control scene of bystanders;

Venue Directions:

Ashley Stadium: From Carolina Beach road, turn right on Halyburton Memorial Parkway. Take the first right before you get to the soccer fields at Veteran's Park. Continue straight ahead until you see the baseball field on your right. Go to the circle and come down the sidewalk to the entry gate on your right.. Ambulance may park there, and or access the field through the gate. Directions should be given to dispatcher to direct ambulance to appropriate sideline or location. School Address: 555 Halyburton Memorial Parkway. 910-790-2360 (main office).

Venue Map: Ashley Stadium



Ambulance
access from
Circle behind
AHS

Ashley Emergency Plan: Wrestling

Practice Area at Ashley

All mats are to be thoroughly cleaned, disinfected and dried after each practice and match. It is recommended that this cleaning, disinfecting, and drying process be done at least once during practice, as well.

All wrestlers should be required to shower at the conclusion of each practice or match to prevent communicable skin disorders.

Emergency Personnel: A Certified Athletic Trainer and/or First Responder present at mat side for all wrestling matches..

Emergency Communication: The Certified Athletic Trainers carry cellular telephones (Shanaka Riddle 910-512-3884). Additional fixed telephone lines are accessible from Ashley High School Training Room 910-790-2360 x109. Because of the need for late practices and also because the Certified Athletic Trainers will not be traveling to away games with some teams, it is also recommended that the head coaches of each of the volleyball, basketball, and wrestling teams carry a cellular phone, in case of emergency.

Emergency Equipment: Supplies and equipment brought to gym for matches include taping and bracing supplies, general trauma and wound care kits. Disinfectant spray, paper towels, nose plugs, and wound care supplies will be available for each mat during duals and tournaments. Additional supplies stored in Training Room include trauma kit, splint kit, crutches, wheelchairs, various wound care necessities, and any other items deemed necessary by the team's physician.

Roles of Certified Athletic Trainer (ATC)

- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy);
- Immediate evaluation and care of the more seriously-injured or ill student-athletes;
 - Activation of emergency medical system (EMS);
 - 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested;
- Return to play decision-making on the injured student-athlete;
- Physician referral of the injured student-athlete;
- Contacting the parent(s) of the injured student-athlete;
- Rehabilitative care for injured student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities such as whirlpool, electronic stimulation, ultrasound, intermittent compression, and hot and cold therapy). Rehabilitation should follow physician protocols.

Roles of Student Athletic Trainers

- Emergency equipment retrieval (at request of ATC/Team Physician)
- Assist Certified Athletic Trainer, as needed and requested.
- Direct EMS personnel (ambulance) to scene;

Roles of Administrators/Coaches

- Ensure emergency entrance to the front of AHS is clear and accessible (check parking lots regularly);
- Unlock and open doors for EMS to access gym;
- Direct EMS personnel (ambulance) to scene (in the event there are no student trainers present);
- Scene control: limit scene to sports medicine personnel and move bystanders (including other athletes) away from area of injured athlete.

Venue Directions:

Auxiliary Gymnasium at Ashley: From Carolina Beach Road, turn right on Halyburton Memorial Parkway. Continue straight ahead past the soccer fields and the middle school to the circle in front of Ashley High School. Enter the front of the school and proceed through the front foyer, turn left and take the steps upstairs to the auxiliary gym on your right..

Venue Map: Wrestling Practice Area



Entry to main Building

Entry into Main Building from Halvburton

ASHLEY HIGH SCHOOL EMERGENCY PLAN FOR ATHLETICS
Aerial View of Ashley High School



Ashley High School Athletics Emergency Action Plan

The following emergency plan is a general outline for Ashley High School athletics staff:

Recognition of an Emergency: Activate Emergency Plan

1) Establish scene safety and immediate care of the athlete

*Follow American Red Cross CPR & First Aid guidelines: **check, call, care.**

*ABC's - check airway, breathing, and circulation

When in Doubt...Send Out: Call 911

2) Activation of the Emergency Medical System: Call 911

*Name _____

*Address if at Ashley / Home Events: Ashley High School, 555 Halyburton Memorial Parkway, Wilmington, NC 28412

*Number of Caller (____) ____-____

*Nature of emergency, whether medical or non-medical

*Condition, age, sex, and number of athlete(s)

*First aid treatment initiated

*Specific directions as needed to locate the emergency scene (see below)

*Stay online for other information as requested by dispatcher

****Other important Numbers:**

-Certified Athletic Trainer: Shanaka Riddle 910-512-3884

-Team Physician: Dr. David Esposito / Carolina Sports Medicine & Orthopaedic Specialists: (o) 910-799-0110

Office Hours: 8:30 – 5:00; 24 hour phone service for non-life threatening orthopedic emergencies

-Athletic Director: Roy Turner: (c) (910-409-4787

-New Hanover Memorial Hospital: 910-343-7000

-Cape Fear Hospital: 910-452-8100

*****Provide appropriate care until EMS arrives**

3) Emergency equipment retrieval

*Review School Facility / Venue Map for assistance (attached).

*AED's are located in the hallway adjacent to the office, and in the training room.

NOTE: The certified athletic trainer will have AED in their possession during practice and games. The next available and closest AED is located on the wall adjacent to the office.

4) Direction of EMS to scene / athlete

*Events held at the Ashley Stadium, football practice field, baseball field, and track:

-enter complex by the Veterans Park soccer fields and continue to facility.

-EMS can access the football practice field to the left of the parking lot which is adjacent to the baseball field, and football stadium / track.

-EMS can enter the Stadium through the open gate opposite the scoreboard.

*Events held at the boy's soccer and boy's lacrosse practice field.

- enter complex by the Veterans Park soccer fields and continue to facility.

-entrance is a dirt / sand road located between each field

*Events held in Ashley gymnasium:

-enter from Halyburton Memorial Parkway. Continue on HMP to the front of the school and enter through the front entrance.

-enter the lobby and continue to the gymnasium straight ahead.

*Events held in the auxiliary gym / weight room:

- enter from Halyburton Memorial Parkway. Continue on HMP to the front of the school and enter through the front entrance.

-enter the lobby and continue toward gymnasium, turn left in the foyer and go to the top of the stairs.

Emergencies that occur at away practices, games, or athletic events:

*Activate Emergency Plan

*If possible, enlist a member of the host school's athletic staff to assist with local address, equipment retrieval, and EMS directions

* If athletic staff is unavailable, find someone who is familiar with the area & facility.

ASHLEY HIGH SCHOOL EMERGENCY PLAN FOR ATHLETICS

Emergency Contacts

Emergency Medical Services	9-1-1
Ashley High School – Main Office	910-790-2360 x100
Ashley High School Training Room	910-7890-2360 x109
Shanaka Riddle, LAT, ATC- Cell	910-512-3884
Matt Triche, LAT, ATC- Cell	910-352-5472
Dr. David Esposito - Office	910-790-0110
Roy Turner, CMAA - Cell	910-409-4787
New Hanover Memorial Hospital	910-343-7000
2131 South 17th Street Wilmington, NC 28401-7407	
Cape Fear Hospital	910-452-8100
5301 Wrightsville Avenue Wilmington, NC	

ASHLEY HIGH SCHOOL EMERGENCY PLAN FOR ATHLETICS

Concussion Management

CONCUSSIONS IN HIGH SCHOOL SPORTS

What is a concussion?

A concussion is a brain injury that:

- ▢ Is caused by a bump, blow, or jolt to the head
- ▢ Can change the way your brain normally works
- ▢ Can range from mild to severe
- ▢ Can occur during practices or games in any sport
- ▢ Can happen even if you haven't been knocked out
- ▢ Can be serious even if you've just been "dinged" or had your "bell rung"

What are the symptoms of a concussion:

Headaches

Sensitivity to light

Nausea

Sensitivity to noise

Fatigue

Visual Problems

Vomiting

Balance problems

Dizziness

Irritability

Sadness

Feeling more emotional Nervousness

Feeling mentally foggy

Problems Concentrating

Problems Remembering

Feeling more slowed down

Drowsiness

Trouble falling asleep

If an athlete sustains a blow to the head, face, and /or neck and reports at least one concussion symptom; the athlete must be treated as possible concussed and removed from play immediately. The athlete will then complete a concussion evaluation with an athletic trainer using the Standardized Concussion Assessment Tool (SCAT2) form. Once it is determined that the athlete has a possible concussion the following procedure must be followed prior to returning to full competition:

1. The athlete will be out of play for 7 days once they are asymptomatic (this is dependent on symptom severity and length).
2. The athlete will begin a Return to Play Progression Program once they are asymptomatic (page 41.)
3. The athlete must be evaluated and cleared by a physician using the NHCS Physician Report / Release form (page 40.) This clearance must be signed by an M.D.

Parents will be given Red Flag instructions either with the NHCS Take Home Care Plan form or verbally over the phone if they are not present at the time of the incident. All concussion management information can be found on the New Hanover County Schools website.

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2011**

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

H792-v-5

AN ACT TO ENACT THE GFELLER-WALLER CONCUSSION AWARENESS ACT.
The General Assembly of North Carolina enacts:

TITLE OF ACT

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

DEVELOPMENT OF AN ATHLETIC CONCUSSION SAFETY TRAINING PROGRAM

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

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

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

CONCUSSION SAFETY REQUIREMENTS FOR INTERSCHOLASTIC ATHLETIC COMPETITION

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

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

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

For the purpose of this subdivision, a concussion is a traumatic brain injury caused by a direct or indirect impact to the head that results in disruption of normal brain function, which may or may not result in loss of consciousness.

b. If a student participating in an interscholastic athletic activity exhibits signs or symptoms consistent with concussion, the student shall be removed from the activity at that time and shall not be allowed to return to play or practice that day. The student shall not return to play or practice on a subsequent day until the student is evaluated by and receives written clearance for such participation from (i) a physician licensed under Article 1 of Chapter 90 of the General Statutes with training in concussion management, (ii) a neuropsychologist licensed under Article 18A of Chapter 90 of the General Statutes with training in concussion management and working in consultation with a physician licensed under Article 1 of Chapter 90 of the General Statutes, (iii) an athletic trainer licensed under Article 34 of Chapter 90 of the General Statutes, (iv) a physician assistant, consistent with the limitations of G.S. 90-18.1, or (v) a nurse practitioner, consistent with the limitations of G.S. 90-18.2.

c. Each school shall develop a venue specific emergency action plan to deal with serious injuries and acute medical conditions in which the condition of the patient may deteriorate rapidly. The plan shall include a delineation of roles, methods of communication, available emergency equipment, and access to and plan for emergency transport. This plan must be (i) in writing, (ii) reviewed by an athletic trainer licensed in North Carolina, (iii) approved by the principal of the school, (iv) distributed to all appropriate personnel, (v) posted conspicuously at all venues, and (vi) reviewed and rehearsed annually by all licensed athletic trainers, first responders, coaches, school nurses, athletic directors, and volunteers for interscholastic athletic activities.

d. Each school shall maintain complete and accurate records of its compliance with the requirements of this subdivision pertaining to head injuries.

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

EFFECTIVE DATE

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

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

s/ Walter H. Dalton
President of the Senate

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

s/ Beverly E. Perdue
Governor

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

Page 2

Session Law 2011-147

SL2011-0147

NEW HANOVER COUNTY SCHOOLS ATHLETIC HEAD INJURY REPORT/RELEASE FORM

******* This Form Must be Returned to the Athletic Trainer to be Eligible to Return to Play *******

Name: _____ **School:** _____ **DOB:** _____ **Sport:** _____

Date of Injury: _____ **Describe injury/details:** _____

Name of person completing form: _____ (circle one) Licensed Athletic Trainer | First Responder | Coach | Parent

☐ Please see attached form and/or information on back of this page

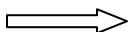
Following the Injury, Did the Athlete Experience:	Circle One	Duration (write number/ circle appropriate)	Comments
Loss of consciousness or unresponsiveness?	YES NO	_____ minutes / hours	
Seizure or convulsive activity?	YES NO	_____ minutes / hours	
Balance problem / unsteadiness?	YES NO	_____ hrs / days / weeks /continues	
Dizziness?	YES NO	_____ hrs / days / weeks /continues	
Headache?	YES NO	_____ hrs / days / weeks /continues	
Nausea?	YES NO	_____ hrs / days / weeks /continues	
Vision Problems?	YES NO	_____ hrs / days / weeks /continues	
Emotional Instability-(abnormal laughing, crying, anger)?	YES NO	_____ hrs / days / weeks /continues	
Confusion?	YES NO	_____ hrs / days / weeks /continues	
Difficulty Concentrating?	YES NO	_____ hrs / days / weeks /continues	
Other:	YES NO	_____ hrs / days / weeks /continues	

Days Asymptomatic (symptom free) at time of this evaluation: _____ If still symptomatic at time of visit circle: **Symptomatic**

MEDICAL PROVIDER RECOMMENDATIONS

TO BE COMPLETED BY LICENSED MEDICAL DOCTOR ONLY This return to play (RTP) plan is based on today's evaluation
RETURN TO SPORTS

PLEASE NOTE



1. Athletes are not allowed return to practice or play the same day that their head injury occurred & can not return until 7 days asymptomatic.
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 7 day return to play progression under the supervision of the Athletic Trainer for your school
- ☐ May be advanced back to competition after phone conversation with attending physician (advanced over 7 days)
- ☐ Must return to medical provider doctor for final clearance to return to competition
- ☐ Has completed RTP progression (see reverse) w/o any recurrence of symptoms and is cleared for full participation

<p>Physician Name (print): _____ Must be MD</p> <p>Physician Signature: _____</p> <p>Office Address: _____</p> <p>Date: _____ Phone #: _____</p> <p>*All NC public High School & Middle School athletes must have an MD signature to return to play.</p> <p>*More than one evaluation is typically necessary for medical clearance for concussions as symptoms may not fully present for days.</p> <p>* Due to the need to monitor concussions for recurrence of signs and symptoms with cognitive or physical stress, Emergency Room and Urgent Care physicians <u>CAN NOT</u> make clearance decisions at time of first visit.</p>	<p>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.</p> <p>Medical Provider Name (please print) _____</p> <p>NP, , PA-C, LAT, Neuropsychologist (please circle one)</p> <p>Office Address _____</p> <p>Phone Number _____</p> <p>Signature _____</p> <p>Date _____</p> <p>Name and contact information of supervising/collaborating physician</p> <p>_____</p>
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Name of Athlete: _____

Academic Recommendations (to be completed by 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 (RTP)

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 completion of each stage without recurrence of symptoms, athletes are advanced to the next stage of activity the following day. An athlete should **ONLY** be progressed to the next stage if they do not experience any symptoms at the present level. If their symptoms recur, they must stop and rest. Once symptom-free, the athlete returns to the previous stage of the protocol that they completed without recurrence of symptoms. If an athlete has to "re-start" twice, consultation with a healthcare provider is suggested. An *example* of a Return-To-Play protocol is found below:

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

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