# NORTH LAMAR ISD EMERGENCY ACTION PLAN FOR ATHLETICS

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NORTH LAMAR

SPORTS MEDICINE

Part I
EMERGENCY ACTION PLAN FOR ATHLETICS OVERVIEW
Introduction
Emergency situations may arise in any time 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 any time and during any activity, all school activity workers must be prepared. Athletic organizations have a duty to develop an emergency plan that may be implemented immediately when necessary and 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 examines, 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 of athletics:
1. Emergency Personnel
2. Emergency Communication
3. Emergency Equipment
4. Roles of Certified Athletic Trainers, Student Trainers, Coaches, & Administrators
5. Venue Directions with map

The North Lamar ISD 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 of 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. Activation 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. An administrator, coach, or student athletic trainer may be appropriate for this role.

**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 the scene.

**Activating the EMS System**

**Making the Call**

911 (all emergencies in Texas)

**Providing Information**

* Name, address, telephone number of phone being called from.
* Nature of emergency, whether medical or non-medical.
* Number of athletes involved.
* Condition of athlete(s).
* First aid treatment initiated by ATC/Physician.
* Specific directions as needed to locate the emergency scene (“Come to the baseball parking Lot off of Stillhouse Road”)
* Other information as requested by dispatcher.
When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each role. This allows the emergency team to function even though certain members may not be present.

**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 a 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. The school’s Certified Athletic Trainer should be trained and responsible for the care of the medical equipment.

It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean 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 activation 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 North Lamar ISD athletes, all emergency trauma transports are to be sent to Paris Regional Medical Center – South Campus per hospital directive.

**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 athletic personnel, along with CPR and first aid refresher training. Through development and implementation of the emergency plan, North Lamar ISD helps ensure that the athlete will have the best care provided when an emergency situation does arise.
Approval and Acceptance of the North Lamar ISD Emergency Plan for Athletics

Approved by___________________________________ _______________
NLISD School Board President   Date

Approved by___________________________________ _______________
NLISD Superintendent    Date

Approved by___________________________________ _______________
NLISD Team Physician    Date

Approved by___________________________________ _______________
NLISD Head Athletic Trainer    Date

Approved by___________________________________ _______________
NLISD Athletic Director    Date

Approved by___________________________________ _______________
NLHS Principal    Date
The Training Room

The Role of the Athletic Trainer
Certified by the National Athletic Trainers Association and Texas Advisory Board of Athletic Trainers, an athletic trainer (ATC/LAT) is a member of the allied health community whose role is to care for and help prevent athletic-related injuries. At North Lamar ISD, there is one certified athletic trainer on staff. The priority of this athletic trainer is to provide on-site care for all interscholastic sports practices and contests here at North Lamar ISD. Because of limitations, there may or may not be an athletic trainer available at all sports practices and contest. In any case, all 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.

Athletic Training Room Hours
On most school days, there will be an athletic trainer available M-F from 7:00am to 6:00pm. 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 athletic trainer and arrange for the training room to be available to athletes.

Athletic Trainer Priorities
The athletic trainer will be at as many athletic practices and games as possible. Event coverage adheres to NATA injury surveillance studies and will be prioritized as follows:

**Fall:** Athletic training room open M-F between 7:00am to 7:30pm; Treatments on Saturday from 8:00am to 11:00am; Sundays at 1:00pm (By appointment only).
1. Varsity Football: All Home and Away games
2. JV & 9th Football: All Home games
3. JH Football: All Home games
4. Volleyball: Homes games – when available
5. Cross Country: Home meets only

**Winter:** Athletic training room open 7:00am to 6:00pm
1. Basketball: All boys and girls home games
2. Soccer: All boys and girls home games

**Spring:** Athletic training room open 7:00am to 6:00pm
1. Baseball: All home games
2. Softball: All home games
3. Track & Field: All home meets
4. Tennis: All home meets
5. Golf: All home tournaments – when available
Athletic Training Room Rules: The Ten Commandments

I. Thou shalt not use vulgar language in athletic training room.
II. Thou shalt show up for morning, afternoon and weekend injury treatments when they are scheduled.
III. Thou shalt not bring food into the athletic training room.
IV. Thou shalt not loiter in the athletic training room.
V. Thou shalt practice good hygiene if thou want to be treated.
VI. Thou shalt wear appropriate and modest dress when in the athletic training room. Underwear shalt not be seen and cleats shalt not be worn when inside the building.
VII. Thou shalt not enter the athletic trainer’s office.
VIII. Thou shalt not enter the athletic training room unless a Certified Athletic Trainer has first unlocked the room and are present or nearby.
IX. Thou shalt not render any treatments (whirlpool, stim or ultrasound) unless a Certified Athletic Trainer is present in the athletic training room.
X. Thou shalt not take anything from the athletic training room (medications, coolers, equipment, or supplies) without the consent of a Certified Athletic Trainer.

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 athletic training room the next day at 7:00am (school day). The coach 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 North Lamar athletes and subsequent evaluations and treatment rendered by North Lamar ISD’s athletic trainer must be documented. All physicians release forms must go to the athletic trainer.

Taping and Treatments: Services Available
The North Lamar ISD athletic trainer and student trainers will only tape athletes who we recognize as having orthopedic issues. Preventative taping will be preformed as long as the athlete comes everyday. We will not tape athletes just for game days. If an athlete needs to be taped, it will be because the Certified Athletic Trainer have first assessed the athlete and decided upon the need. Sore ankles are not necessarily unstable ankles. Other treatment services available in the athletic training room include cold therapy (ice, whirlpool), thermotherapy (heat packs), electric stimulation, ultrasound, iontophorisis, assisted stretching, wound care, and rehabilitation.

Over the Counter Medications
Several over the counter medications are available in the athletic training room. These include Tylenol, Ibuprofen, antacids, antidiarrheal medicine, electrolyte tablets, cold and flu relief, and pepto bismul. Coaches should strongly discourage athletes from carrying their own over the counter medications.
Physician Referrals
Should an injury or illness warrant additional treatment and care, the Certified Athletic Trainer at North Lamar ISD can assist in the referral process. Orthopedic referrals will only be done to the Paris Orthopedic Clinic. In most cases, when the athletic trainer calls the Orthopedic Clinic directly, the athlete will be seen by a doctor within one to three days. Any athlete who sees a physician for an injury or illness while participating in a sport activity at North Lamar ISD 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 of Play
If an athlete is injured on the field of play, 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 or death for that athlete. Thus, you should never move an injured athlete! In the case of football and all home events, 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, DIAL 9-1-1.

Other Injury Management
In the event that an athlete sustains an injury, it is his/her responsibility to contact the athletic trainer immediately after that injury is sustained. The athletic trainer will then evaluate the injury and give treatment instructions to the athlete. The athletic trainer will contact the athlete’s parents to inform them of the injury. In the event that a Physician Referral is necessary, the athletic trainer will refer the athlete to the proper physician.

Sports Medicine and UIL Forms
Before an athlete can participate in any sport, they must have Preparticipation Physical Exam on the appropriate UIL form. Physical are required for all incoming 7th, 9th, and 11th grade athletes or if they were referred to a physician for an injury or illness during the previous year. Free physicals are given every spring through the school. Athletes must also have their parents fill out the sports medicine and UIL forms that are given to them before their sports starts. These forms consist of emergency information, consent to treat, acknowledgement of rules, Medical history, UIL steroid notification and agreement, and Over the Counter Medication Consent. These forms must be filled out and given to the athletic trainer in order for the athletes to participate in athletic. These forms are put into the athletes’ permanent athletic file kept by the athletic trainer.

Coaches First Aid and CPR/AED Training
In accordance with the University Interscholastic League’s rules and recommendations, all coaches must be trained in First Aid and CPR. NLISD’s athletic trainer will instruct the course periodically based on interest and need.
Medical Kits
The athletic trainer will supply a medical kit to all sports teams. The student athletic trainers or coaches (if there is not a student athletic trainer assigned) involved with that sport will be in charge of the medical kit. Please take care and keep up with these kits.

Student Athletic Trainers
The head athletic trainer will assign student athletic trainers to sports teams when they can based on availability. By law, all student athletic trainers must be directly supervised at all times (within sight and sound) That means they cannot travel with teams by themselves unless the coach feels comfortable providing supervision of those student trainers and the head athletic trainer feels 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 orthopedic or head-injured athlete.

Injury Privacy and the Law
The Health Insurance Portability and Accountability Act (HIPAA) prohibit 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
Danny Bulls ATC/LAT
Head Athletic Trainer
North Lamar ISD
dbulls@northlamar.net
(903)737-2070 Office
(903)737-7684 Cell
(903)785-5170 Home

Additional North Lamar ISD Sports Medicine Team Members

Dr. Drew Temple, MD
Paris Orthopedic Clinic
Team Physician/Orthopedic Physician

Dr. Gregory Green, MD
Paris Orthopedic Clinic
Orthopedic Physician

Chris Carter, MPT
Paris Physical Therapy Clinic
Physical Therapist

Shane Halcomb, MPT
Paris Physical Therapy Clinic
Physical Therapist
DEALING WITH SPORT EMERGENCIES AT NORTH LAMAR ISD
AERIAL VIEW OF NORTH LAMAR ISD CAMPUS
EAST SIDE
NORTH LAMAR ISD EMERGENCY PLAN
R.L. MADDOX STADIUM: FOOTBALL, SOCCER, & TRACK

Emergency Personnel: One Certified Athletic Trainer and any number of student athletic trainer(s) on the North Lamar sideline for all games. It is also recommended that an ambulance be present for all games.

Emergency Communication: The Certified Athletic Trainer carries a cellular telephone (Danny Bulls 903-737-7684). The athletic trainer can also be reached by pager at (903)???-????. Additional fixed telephone lines accessible from North Lamar Athletic Training Room (903-737-2070) and James A. Dawson Fieldhouse (903-737-2071 or 903-737-2039).

Emergency Equipment: Supplies stored in the Athletic Training Room include oxygen tank, Spine board, Splint Kit, AED, C-collars, Crutches, and various wound care necessities.

Roles of Certified Athletic Trainer (ATC)
- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities).
- 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 of individuals injured, condition of injured, first aid treatment, specific directions; other information as requested by dispatcher).
  - Return to play decision-making on the injured student-athlete
  - Physician referral on the injured student-athlete
  - Rehabilitative care for injured student-athletes per physicians orders.

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 Lewis Lane entrance to R.L. Maddox Stadium
- Ensure parking area and Lewis Lane is clear and accessible to emergency personnel (Ambulance and fire truck)
- Ensure access inside the stadium is clear and accessible to emergency personnel
- Clear and control scene of bystanders.
Venue Directions:

R.L. Maddox Stadium:

VENUE MAP & AMBULANCE ENTRY:
NORTH LAMAR ISD EMERGENCY PLAN
POS LONG BASEBALL FIELD

Emergency Personnel: One Certified Athletic Trainer and any number of student athletic trainer(s) on the North Lamar sideline for all games. It is also recommended that an ambulance be present for all games.

Emergency Communication: The Certified Athletic Trainer carries a cellular telephone (Danny Bulls 903-737-7684). The athletic trainer can also be reached by pager at (903)???-????. Additional fixed telephone lines accessible from North Lamar Athletic Training Room (903-737-2070) and James A. Dawson Fieldhouse (903-737-2071 or 903-737-2039).

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  - 911 call (provide name, address, telephone number of individuals injured, condition of injured, first aid treatment, specific directions; other information as requested by dispatcher).
  - Return to play decision-making on the injured student-athlete
  - Physician referral on the injured student-athlete
  - Rehabilitative care for injured student-athletes per physicians orders.

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
- Ensure parking area and Lewis Lane is clear and accessible to emergency personnel (Ambulance and fire truck)
- Ensure access to the baseball field is clear and accessible to emergency personnel
- Clear and control scene of bystanders.
Venue Directions:

POS LONG BASEBALL FIELD:

VENUE MAP & AMBULANCE ENTRY:
NORTH LAMAR ISD EMERGENCY PLAN
SOFTWARE FIELD

Emergency Personnel: One Certified Athletic Trainer and any number of student athletic trainer(s) on the North Lamar sideline for all games. It is also recommended that an ambulance be present for all games.

Emergency Communication: The Certified Athletic Trainer carries a cellular telephone (Danny Bulls 903-737-7684). The athletic trainer can also be reached by pager at (903)???-???. Additional fixed telephone lines accessible from North Lamar Athletic Training Room (903-737-2070) and James A. Dawson Fieldhouse(903-737-2071 or 903-737-2039).

Emergency Equipment: Supplies stored in the Athletic Training Room include oxygen tank, Spine board, Splint Kit, AED, C-collars, Crutches, and various wound care necessities.

Roles of Certified Athletic Trainer (ATC)
- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities).
- 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 of individuals injured, condition of injured, first aid treatment, specific directions; other information as requested by dispatcher).
  - Return to play decision-making on the injured student-athlete
  - Physician referral on the injured student-athlete
  - Rehabilitative care for injured student-athletes per physicians orders.

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 Lewis Lane entrance to softball field
- Ensure parking area and Lewis Lane is clear and accessible to emergency personnel (Ambulance and fire truck)
- Ensure access to the softball field is clear and accessible to emergency personnel
- Clear and control scene of bystanders.
Venue Directions:

NORTH LAMAR ISD SOFTBALL FIELD:

VENUE MAP & AMBULANCE ENTRY:
NORTH LAMAR ISD EMERGENCY PLAN
FOOTBALL & SOCCER PRACTICE FIELDS, & TENNIS COURTS

Emergency Personnel: One Certified Athletic Trainer and any number of student athletic trainer(s) on the North Lamar sideline for all games. It is also recommended that an ambulance be present for all games.

Emergency Communication: The Certified Athletic Trainer carries a cellular telephone (Danny Bulls 903-737-7684). The athletic trainer can also be reached by pager at (903)???-????. Additional fixed telephone lines accessible from North Lamar Athletic Training Room (903-737-2070) and James A. Dawson Fieldhouse(903-737-2071 or 903-737-2039).

Emergency Equipment: Supplies stored in the Athletic Training Room include oxygen tank, Spine board, Splint Kit, AED, C-collars, Crutches, and various wound care necessities.

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- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities.
- 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 of individuals injured, condition of injured, first aid treatment, specific directions; other information as requested by dispatcher.
  - Return to play decision-making on the injured student-athlete
  - Physician referral on the injured student-athlete
  - Rehabilitative care for injured student-athletes per physicians orders.

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
- Ensure parking area and Lewis Lane is clear and accessible to emergency personnel (Ambulance and fire truck)
- Ensure access to the fields is clear and accessible to emergency personnel
- Clear and control scene of bystanders.
Venue Directions:

FOOTBALL & SOCCER PRACTICE FIELDS, & TENNIS COURTS:

VENUE MAP & AMBULANCE ENTRY:
Emergency Personnel: One Certified Athletic Trainer and any number of student athletic trainer(s) on the North Lamar sideline for all games. It is also recommended that an ambulance be present for all games.

Emergency Communication: The Certified Athletic Trainer carries a cellular telephone (Danny Bulls 903-737-7684). The athletic trainer can also be reached by pager at (903)???-???. Additional fixed telephone lines accessible from North Lamar Athletic Training Room (903-737-2070) and James A. Dawson Fieldhouse (903-737-2071 or 903-737-2039).

Emergency Equipment: Supplies stored in the Athletic Training Room include oxygen tank, Spine board, Splint Kit, AED, C-collars, Crutches, and various wound care necessities.

Roles of Certified Athletic Trainer (ATC)
- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities).
- 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 of individuals injured, condition of injured, first aid treatment, specific directions; other information as requested by dispatcher.
  - Return to play decision-making on the injured student-athlete
  - Physician referral on the injured student-athlete
- Rehabilitative care for injured student-athletes per physicians orders.

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
- Ensure parking area and Lewis Lane is clear and accessible to emergency personnel (Ambulance and fire truck)
- Ensure access inside the fieldhouse and indoor facility is clear and accessible to emergency personnel
- Clear and control scene of bystanders.
Venue Directions:

JAMES A. DAWSON FIELDHOUSE & INDOOR FACILITY:

VENUE MAP & AMBULANCE ENTRY:
NORTH LAMAR ISD EMERGENCY PLAN
NORTH LAMAR HIGH GYMS: VOLLEYBALL & BASKETBALL

Emergency Personnel: One Certified Athletic Trainer and any number of student
athletic trainer(s) on the North Lamar sideline for all games. It is also
recommended that an ambulance be present for all games.

Emergency Communication: The Certified Athletic Trainer carries a cellular
telephone (Danny Bulls 903-737-7684). The athletic trainer can also be reached
by pager at (903)???-???. Additional fixed telephone lines accessible from
North Lamar High school (903-737-2011) and North Lamar High School gym
(903)737-2017)

Emergency Equipment: Supplies stored in the Athletic Training Room include oxygen
tank, Spine board, Splint Kit, AED, C-collars, Crutches, and various wound care
necessities.

Roles of Certified Athletic Trainer (ATC)
- Preventative care for all student-athletes (includes evaluation, consultation,
taping, and use of therapeutic modalities).
- 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 of individuals injured,
    condition of injured, first aid treatment, specific directions; other
    information as requested by dispatcher.
  - Return to play decision-making on the injured student-athlete
  - Physician referral on the injured student-athlete
  - Rehabilitative care for injured student-athletes per physicians orders.

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
- Ensure parking area and entrance to gym is clear and accessible to emergency
  personnel (Ambulance and fire truck)
- Ensure access inside the gyms is clear and accessible to emergency personnel
- Clear and control scene of bystanders.
Venue Directions:

NORTH LAMAR HIGH SCHOOL GYM: VOLLEYBALL & BASKETBALL

VENUE MAP & AMBULANCE ENTRY:
NORTH LAMAR ISD EMERGENCY PLAN
STONE MS GYMS: VOLLEYBALL & BASKETBALL

Emergency Personnel: One Certified Athletic Trainer and any number of student athletic trainer(s) on the North Lamar sideline for all games. It is also recommended that an ambulance be present for all games.

Emergency Communication: The Certified Athletic Trainer carries a cellular telephone (Danny Bulls 903-737-7684). The athletic trainer can also be reached by pager at (903)??-???. Additional fixed telephone lines accessible from Stone Middle school (903-737-2048)

Emergency Equipment: Supplies stored in the Athletic Training Room include oxygen tank, Spine board, Splint Kit, AED, C-collars, Crutches, and various wound care necessities.

Roles of Certified Athletic Trainer (ATC)
- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities.
- 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 of individuals injured, condition of injured, first aid treatment, specific directions; other information as requested by dispatcher.
  - Return to play decision-making on the injured student-athlete
  - Physician referral on the injured student-athlete
  - Rehabilitative care for injured student-athletes per physicians orders.

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
- Ensure parking area and Lewis Lane is clear and accessible to emergency personnel (Ambulance and fire truck)
- Ensure access inside the gyms is clear and accessible to emergency personnel
- Clear and control scene of bystanders.
Venue Directions:

STONE MIDDLE SCHOOL GYM: VOLLEYBALL & BASKETBALL

VENUE MAP & AMBULANCE ENTRY:
NORTH LAMAR ISD EMERGENCY PLAN
BAND FIELD

Emergency Personnel: One Certified Athletic Trainer and any number of student athletic trainer(s) on the North Lamar sideline for all games. It is also recommended that an ambulance be present for all games.

Emergency Communication: The Certified Athletic Trainer carries a cellular telephone (Danny Bulls 903-737-7684). The athletic trainer can also be reached by pager at (903)???-???. Additional fixed telephone lines accessible from NLISD administration office (903-737-2003).

Emergency Equipment: Supplies stored in the Athletic Training Room include oxygen tank, Spine board, Splint Kit, AED, C-collars, Crutches, and various wound care necessities.

Roles of Certified Athletic Trainer (ATC)
- Preventative care for all student-athletes (includes evaluation, consultation, taping, and use of therapeutic modalities.
- 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 of individuals injured, condition of injured, first aid treatment, specific directions; other information as requested by dispatcher.
  - Return to play decision-making on the injured student-athlete
  - Physician referral on the injured student-athlete
  - Rehabilitative care for injured student-athletes per physicians orders.

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
- Ensure entrance area and Priscilla way is clear and accessible to emergency personnel (Ambulance and fire truck)
- Ensure access on the field is clear and accessible to emergency personnel
- Clear and control scene of bystanders.
Venue Directions:

STONE MIDDLE SCHOOL GYM: VOLLEYBALL & BASKETBALL

VENUE MAP & AMBULANCE ENTRY:
North Lamar ISD Guidelines for Sports Concussion Management
Without Neurocognitive Testing

Introduction

The Centers for Disease Control (CDC) estimates that there are approximately 300,000 cases of mild traumatic brain injury (MTBI) or concussions annually in the United States as the result of participation in sports. The Sports Concussion Institute estimates that 10 percent of athletes in contact sports suffer a concussion during a season. A 2006 report estimated that there were 92,000 cases of concussions in American high School sports annually, and that these rates seem to be increasing. Also of concern is the risk of repeated concussions and second impact syndrome to our young athletes. These two problems can have long lasting, and even terminal effects, on the individual. In order to have a standard method of managing concussions to NLISD athletes, the following guidelines are intended to serve as a written protocol for concussion management.

What is a Concussion?

Concussion - A concussion is a type of traumatic brain injury (TBI). Concussions are the common result of a blow to the head or body which causes the brain to move rapidly within the skull. This injury causes brain function to change which results in an altered mental state (either temporary or prolonged). Physiologic and/or anatomic disruptions of connections between some nerve cells in the brain occur. Concussions can have serious and long-term health effects, even from a mild bump on the head. Symptoms include, but are not limited to, brief loss of consciousness, headache, amnesia, nausea, dizziness, confusion, blurred vision, ringing in the ears, loss of balance, moodiness, poor concentration or mentally slow, lethargy, photosensitivity, sensitivity to noise, and a change in sleeping patterns. These symptoms may be temporary or long lasting.

Prevention Strategies

1. Insist that safety comes first.
2. Teach and practice safe playing techniques.
3. Teach athletes the dangers of playing with a concussion.
4. Encourage athletes to follow the rules of play and to practice good sportsmanship at all times.
5. Make sure athletes wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards).
6. All headgear must be NOCSAE certified.
7. Make sure the headgear fits the individual, and are secured properly to the individual.
8. For all sports that require headgear, a coach or appropriate designate should check headgear before use to make sure air bladders work and are appropriately filled. Padding should be checked to make sure they are in proper working condition.
Evaluation for Concussion

1. At time of injury administer one of these assessment tests:
   a. Sports Concussion Assessment Tool – Appendix A
   b. Graded Symptom Checklist (GSC) – Appendix B
   c. Sideline Functional & Visual Assessments - Appendix A or B
   d. On-field Cognitive Testing – Appendix A or B

2. **Athlete does not return to a game or practice if he/she has any symptoms that would indicate the possibility of suffering a concussion.**

3. Doctor Referral

4. Home Instructions

5. Return to Play Guidelines for Parents

6. Parent Informed Consent and Athlete’s Participation Form

7. **Note - If in doubt, athlete is referred to doctor and does not return to play.**

Concussion Management

1. School modifications
   a. Notify school nurse and all classroom teachers of the student that he/she has a concussion.
   b. Notify teachers of post concussion symptoms.
   c. Student may need special accommodations such as limited computer work, reading activities, testing, assistance to class, etc. until symptoms subside.
   d. Student may only be able to attend school for half days or may need daily rest periods until symptoms subside.

2. Student must be symptom free for one week before begin return to play protocol.

Return to Play Guidelines

1. Activity progressions
   a. No activity for one week
   b. Athlete must be symptom free
   c. Light aerobic exercise with no resistance training
   d. Sport specific activity
   e. Non-contact training drills with resistance training
   f. Full contact training drills (must have physician clearance)
   g. **Note – Athlete progression continues as long as athlete is asymptomatic at current level. If the athlete experiences any post concussion symptoms, you wait 24 hours and start the progressions again at the beginning.**

2. Physician clearance

3. Athletic Trainer clearance

Please refer to Appendices A & B (separate documents) for symptom assessment.
North Lamar ISD Preseason
Parental Information and Consent Form for Concussions

What is a concussion?

A concussion is an injury to the brain. It is caused by a bump, blow, or jolt to either the head or the body that causes the brain to move rapidly within the skull. The resulting injury to the brain changes how the brain functions in a normal manner. The signs and symptoms of a concussion can show up immediately after the injury or may not appear for hours or days after the injury. Concussions can have serious long-term health effects, and even a seemingly mild injury can be serious. A major concern with any concussion is returning to play too soon. Having a second concussion before healing can take place from the initial or previous concussion can lead to serious and potentially fatal health conditions.

What are the symptoms of a concussion?

Signs and symptoms of a concussion are typically noticed right after the injury, but some might not be recognized until days after the injury. Common symptoms include: headache, dizziness, amnesia, fatigue, confusion, mood changes, depression, poor vision, sensitivity to light or noise, lethargy, poor attention or concentration, sleep disturbances, and aggression. The individual may or may not have lost consciousness.

What should be done if a concussion is suspected?

1. Immediately remove student from practice or game
2. Seek medical attention right away
3. Do not allow the student to return to play until proper medical clearance and return to play guidelines have been followed. The permission for return to play will come from the appropriate health care professional or professionals.

If you have any questions concerning concussions or the return to play policy, you may contact the athletic administrator at your school.

What should the athlete know about playing with a concussion?

Teach athletes it’s not smart to play with a concussion. Rest is the key after a concussion. Sometimes athletes, parents, and other school or league officials wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don’t let your athlete convince you that they’re “just fine.”

What are the risks of returning to activity too soon after sustaining a concussion?

Prevent long-term problems. If an athlete has a concussion, their brain needs time to heal. Don’t let them return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it’s OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems.
What can happen if my child keeps on playing with a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

Liability Provisions

The student and the student’s parent or guardian or another person with legal authority to make medical decisions for the student understands this policy **DOES NOT**:

1. waive any immunity from liability of a school district or open-enrollment charter school or of district of charter school officers or employees;
2. create any liability for a cause of action against a school district or open-enrollment charter school or against district or charter school officers or employees;
3. waive any immunity from liability under Section 38.159 of House Bill 2038-Natasha’s Law;
4. create any liability for a member of a concussion oversight team arising from the injury or death of a student participating in an interscholastic athletics practice of competition, based only on service on the concussion oversight team.

Parental Consent

By signing this form, I understand the risks and dangers related with returning to play too soon after a concussion. Furthermore, in the event that my son/daughter is diagnosed with a concussion, I give my consent for my son/daughter to participate in and comply with the North Lamar ISD return to play protocol. The undersigned, being a parent, guardian, or another person with legal authority, grants this permission.

Athlete’s Name (print) ___________________________________________________

Parent’s or Guardian’s Name (print) ________________________________

Parent’s or Guardian’s Signature ______________________________________

Date: __________________________________________________________________
NLISD Return to Play Guidelines for Parents

General Information for Parents

Teach it’s not smart to play with a concussion. Rest is the key after a concussion. Sometimes athletes, parents, and other school or league officials wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don’t let your athlete convince you that they’re “just fine.”

Prevent long-term problems. If an athlete has a concussion, their brain needs time to heal. Don’t let them return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it’s OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems.

North Lamar ISD has developed a protocol for managing concussions. This policy includes a multidiscipline approach involving athletic trainer clearance, physician referral and clearance, and successful completion of activity progressions related to their sport. The following is an outline of this procedure. Your son/daughter must pass all of these tests in order to return to sport activity after having a concussion.

1. All athletes who sustain head injuries are required to be evaluated by a physician. They must have a normal physical and neurological exam prior to being permitted to progress to activity. This includes athletes who were initially referred to an emergency department.
2. The student will be monitored daily at school by the athletic trainer and/or school nurse. His/her teachers will be notified of their injury and what to expect. Accommodations may need to be given according to physician recommendations and observations.
3. The student must be asymptomatic at rest and exertion.
4. Once cleared to begin activity, the student will start a progressive step-by-step procedure outlined in the following steps. The progressions will advance at the rate of one step per day. The progressions are:
   a. No activity for one week after injury & athlete is symptom free
   b. Physician clearance to begin activity
   c. Light aerobic exercise with no resistance training
   d. Sport specific activity
   e. Non-contact training drills with resistance training
   f. Full contact training drills
   g. Note – Athlete progression continues as long as athlete is asymptomatic at current activity level. If the athlete experiences any post concussion symptoms, he/she will wait 24 hours and start the progressions again at the beginning.
5. Upon completion of the return to play protocol, the physician of record must provide a written statement that in the physician’s professional judgment it is safe for the athlete to return to play.
6. Once the student has completed steps 1 through 5, he/she may return to their sport activity with no restrictions.
The athlete named below has completed the required return to play protocol for a concussion. By signing this form, I understand the dangers related with returning to play too soon after a concussion. Furthermore, I certify that my son/daughter has successfully completed the NLISD return to play protocol and I give my permission for him/her to return to sport activity. The undersigned, being a parent, guardian, or another person with legal authority, grants this permission.

Athlete’s Name___________________________________________________________

Athlete’s Signature________________________________________________________

Parent of Guardian’s Name_________________________________________________

Parent or Guardian’s Signature______________________________________________

Date___________________________________________________________________
NLISD Return to Play Guidelines

Information for Treating Physician

North Lamar ISD has developed a protocol for managing concussions. This policy includes a multidiscipline approach involving athletic trainer clearance, physician referral and clearance, and successful completion of activity progressions related to their sport. The following is an outline of this procedure. The injured athlete must complete and successfully pass all of these tests in order to return to sport activity after having a concussion.

1. All athletes who sustain head injuries are required to be evaluated by a physician. They must have a normal physical and neurological exam prior to being permitted to progress to activity. This includes athletes who were initially referred to an emergency department.

2. The student will be monitored daily at school by the athletic trainer and/or school nurse. His/her teachers will be notified of their injury and what to expect. Accommodations may need to be given according to physician recommendations and observations.

3. The student must be asymptomatic at rest and exertion.

4. Once cleared to begin activity, the student will start a progressive step-by-step procedure outlined in the Prague statement. The progressions will advance at the rate of one step per day. The progressions are:
   a. No activity for one week after injury & athlete is symptom free
   b. Physician clearance to begin activity
   c. Light aerobic exercise with no resistance training
   d. Sport specific activity
   e. Non-contact training drills with resistance training
   f. Full contact training drills
   g. Note – Athlete progression continues as long as athlete is asymptomatic at current activity level. If the athlete experiences any post concussion symptoms, he/she will wait 24 hours and start the progressions again at the beginning.

5. Upon completion of the return to play protocol, the physician of record must provide a written statement that in the physician’s professional judgment it is safe for the athlete to return to play.

6. Once the student has completed steps 1 through 5, he/she may return to their sport activity with no restrictions.
The Family Education Right to Privacy Act (FERPA) is a federal law that governs the release of a student’s educational records, including personal identifiable information (name, address, social security number, etc.) from those records. Medical information is considered a part of a student athlete’s educational record.

This authorization permits the athletic trainers, team physicians, and athletic staff (including coaches) of the North Lamar ISD to disclose information concerning my medical status, medical condition, injuries, prognosis, diagnosis, and related personal identifiable health information to the authorized parties listed below. This information included injuries or illnesses relevant to past, present, or future participation in athletics.

The purpose of a disclosure is to inform the authorized parties of the nature, diagnosis, prognosis or treatment concerning my medical condition and any injuries or illnesses. I understand once the information is disclosed it is subject to re-disclosure and is no longer protected.

I understand that the North Lamar ISD will not receive compensation for its disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment. I may inspect or copy any information disclosed under this authorization.

I understand that I may revoke this authorization at any time by providing written notification to the head athletic trainer at the respective high school. I understand revocation will not have any effect on actions North Lamar ISD has taken in reliance on this authorization prior to receiving the revocation. This authorization expires six years from the date it is signed.

__________________________________________

Printed Name of Student

__________________________________________

Student Signature

__________________________________________

Printed Name of Parent

__________________________________________

Parent Signature
Symptoms for Concussion Referral

Day of Injury Referral

1. Loss of consciousness on the field
2. Amnesia
3. Increase in blood pressure
4. Cranial nerve deficits
5. Vomiting
6. Motor deficits subsequent to initial on-field exam
7. Sensory deficits subsequent to initial on-field exam
8. Balance deficits subsequent to initial on-field exam
9. Cranial nerve deficits subsequent to initial on-field exam
10. Post-concussion symptoms that worsen
11. Additional post-concussion symptoms as compared with those on the field
12. Athlete is symptomatic at the end of the game
13. Deterioration of neurological function*
14. Decreasing level of consciousness*
15. Decrease or irregularity in respiration*
16. Decrease or irregularity in pulse*
17. Unequal, dilated or unreactive pupils*
18. Any signs or symptoms of associated injuries, spine or skull fracture or bleeding*
19. Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation*
20. Seizure activity*

Note: * indicates that the athlete needs to be transported immediately to the nearest emergency department.

Delayed Referral (after the day of the injury)

1. Any of the findings in the day of injury referral category
2. Post-concussion symptoms worsen or do not improve over time
3. Increase in the number of post-concussion symptoms reported
4. Post-concussion symptoms begin to interfere with the athlete’s daily activities (ie. sleep, cognition, depression, aggression, etc.)
Home Instructions for Concussions

_________________________ has sustained a concussion during ______________________ today. To make sure he/she recovers please follow the following important recommendations:

1. Please review the items outlined on the Physician Referral Checklist. If any of these problems develop, please call 911 or your family physician.

2. Things that are OK to do:
   a. Take acetaminophen (Tylenol)
   b. Use ice packs on head or neck as needed for comfort
   c. Eat a light diet
   d. Go to sleep (rest is very important)
   e. No strenuous activity or sports
   f. Return to school

3. Things that should not be allowed:
   a. Eat spicy foods
   b. Watch TV
   c. Listen to ipod or talk on telephone
   d. Read
   e. Use a computer
   f. Bright lights
   g. Loud noise
   h. Drink alcohol

4. Things there is no need to do:
   a. Check eyes with a flashlight
   b. Wake up every hour
   c. Test reflexes

5. Have student report to clinic or athletic training room at ____________ tomorrow for a follow-up exam

Further recommendations:

Instructions provided to: _________________________________________________________

Signature: _____________________________________________________________________

Instructions provided by:_________________________________________________________

Signature: _____________________________________________________________________

Date: ___________________________________ Time: ________________________________

Contact Number: _______________________________________________________________
Dear Teacher,

______________________________, is returning to school after having sustained a concussion. A concussion is a complex injury to the brain caused by movement of the brain within the skull. Please observe this student during class. He/she may still be suffering from post concussion syndrome and may not be able to participate at their normal level. Some things you may notice are headaches, dizziness, nausea, lethargy, moodiness, blurred vision, poor concentration, mentally slow, depression, or aggression. These symptoms may be temporary or long lasting.

Because these symptoms may linger for an unspecified period of time, you may need to modify school work until he/she is symptom free. Also, if you see anything unusual, please notify me as soon as possible, or contact the school nurse. I will keep you informed of any medical updates that are pertinent to the classroom. The school nurse is aware of the injury, and you may consult with her at any time. Also his/her counselors and the appropriate administrators are aware of the injury.

You are an important member of the team that is treating ______________________ for their head injury. The physician and I only get a small snapshot of his daily activity. Therefore, any information that you can pass along to us is both appreciated and necessary to the successful recovery from the concussion.

If you have any further questions, please contact me.

Danny Bulls ATC/LAT
Head Athletic Trainer
North Lamar ISD
(903)737-7684 CELL
(903)669-0190 OFFICE
dbulls@northlamar.net
References

3. www.Impacttest.com
4. www.healthsystem.virgina.edu/internet/neurogram
5. www.cdc.org
6. www.brainline.org
7. www.momsteam.com/healthsafety/concussion
NLISD
CONCUSSION MANAGEMENT TEAM

Dr. Drew Temple MD
Dr. Mark Gibbs MD
Danny Bulls ATC/LAT

Dr. Samuel Drew Temple, MD
____________________________       Date____________

Dr. Mark Gibbs, MD
____________________________       Date____________

Danny Bulls ATC/LAT
____________________________       Date____________