

**Bishop McGuinness High School Sports Injury  
Handbook for Parents/Legal Guardians and  
Student Athletes**



## Athletic Health Care Team

Bishop McGuinness High School continues a long standing relationship with Guilford Orthopaedic and Sports Medicine Center to provide athletic health care and orthopedic coverage for Villain Student-Athletes.

Dustin Segers, LAT, ATC, PTA

Certified Athletic Trainer, Guilford Orthopaedics

Peter Dalldorf, MD

Team Physicians, Guilford Orthopaedics

Dominic McKinley, MD

Guilford Orthopaedic and Sports Medicine Center will serve as team physicians for Bishop McGuinness High School. Dr. Dalldorf will be the preferred orthopedic surgeon. The long standing relationship developed with staff of Guilford Orthopaedics affords maximum communication among physician, athletic trainer, coach, parent/guardian, and student-athlete with regards to diagnosis, treatment, and a safe return to competition of your injured student-athlete.

Bishop McGuinness High School understands the importance of the relationship your family may have with another physician and is willing to work with you and your physician in providing quality care for your student-athlete.

Forsyth County EMS will transport all student-athletes with life or limb-threatening injuries or conditions. In the event of an emergency, every effort will be made to contact the parents/legal guardians of the student-athlete prior to their transport to the Emergency Room.

## **In the Event of an Injury**

### ***At School***

Injuries which occur at Bishop McGuinness High School should be reported to the athletic trainer and/or head coach as soon as possible for first aid and referral. In most cases injuries are minor and the athlete will be instructed on home care and anticipated follow-up care. If the injury is more extensive, parents/guardians will be contacted with instructions for follow-up care and referral to Guilford Orthopaedic and Sports Medicine Center.

Parents/Guardians are welcome to contact Guilford Orthopaedic and Sports Medicine Center directly at 336-275-3325. Please identify yourself as a Guilford Orthopaedic and Sports Medicine Center outreach school to assist in expediting the scheduling process.

### ***On the Road***

Injuries which occur away from Bishop McGuinness High School should be reported to the athletic trainer and/or head coach immediately. Athletes may be taken to the physician or Certified Athletic Trainer of the host school for evaluation. If immediate care is needed, contact Guilford Orthopaedic and Sports Medicine Center directly at 336-275-3325. Please identify yourself as a Guilford Orthopaedic and Sports Medicine Center outreach school to assist in expediting the scheduling process.

In the event an injury occurs after normal business hours, Guilford Orthopaedic and Sports Medicine Center has an answering service that will page the on-call physician. The on-call number is 336-691-7035. The on-call physician will call you back at the number you provide.

## **Physician Referrals**

If you intend to see a physician, please ask your physician to give you written treatment instructions.

## Contact Numbers and Special Instructions

Bishop McGuinness High School	Main Office	336-564-1010
Dustin Segers, LAT, ATC, PTA	Guilford Orthopaedics – Athletic Trainer	336-848-7197
Jeff Stoller	Athletic Director	336-564-1020
Peter Dalldorf, MD	Guilford Orthopaedics	336-275-3325
Guilford Orthopaedics	After Hours	336-691-7035
Moses Cone Hospital	Emergency Room	336-832-8040
Wesley Long Hospital	Emergency Room	336-832-0202

If you are concerned about an injury that your child encountered during athletics, please call Sarah Curry or Jeff Stoller.

IF YOU HAVE ANY DOUBT ABOUT THE SEVERITY OF AN INJURY, PLEASE FEEL FREE TO SEEK MEDICAL ATTENTION.

Written communication with your physician is very important for us to appropriately (and legally) treat student-athletes and return them to safe athletic participation when released by the physician.

If any practice or competition time is missed due to illness or injury, a written document clearing the athlete is required from the treating physician in order to return to activities.

## **How do I comply with the Gfeller-Waller Law?**

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

### 1) EDUCATE those involved with interscholastic athletic activities.

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

### 2) PLAN for what will happen when an injury occurs.

#### Concussion-

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

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

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

In order for a student- athlete to return to play without restriction, he/she must turn in the NCHSAA Return to Play Form to the Athletic Director already filled out and signed by a physician. This form can be found at [www.nchsaa.org](http://www.nchsaa.org)

#### Emergency Action Plan

BMHS Does have a specific Emergency Action Plan (EAP) that follows the specifications outlined in the EAP guidelines. This plan is on file at BMHS and with each staff member.

### **Gfeller-Waller Law Administrator's Planning Checklist**

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

# CONCUSSION

## INFORMATION FOR COACHES/PARENTS/SCHOOL NURSES/ SCHOOL VOLUNTEERS

**What is a concussion?** A concussion is a traumatic brain injury caused by a direct or indirect impact to the head that results in disruption of normal brain function, which may or may not result in loss of consciousness. It can occur from a fall, a blow to the head, or a blow to the body that causes the head and the brain to move quickly back and forth.

**How do I recognize a concussion?** There are many signs and symptoms a person may experience following concussion that can affect their thinking, emotions or mood, physical abilities, or sleep.

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

## **What should I do if I think a student-athlete has**

**sustained a concussion?** If you suspect a student-athlete is experiencing any of the signs and symptoms listed above, you immediately remove them from participation, let their parents know, and/or refer them to the appropriate medical personnel.

## **What are the warning signs that a more significant head injury may have occurred?**

If they have a headache that gets worse over time, experience loss of coordination or abnormal body movements, have repeated nausea, vomiting, slurred speech, or you have witnessed what you believe to be a severe head impact, you should refer them to appropriate medical personnel immediately.

## **What are some of the long-term or cumulative issues that may result from a concussion?**

Individuals may have trouble in some of their classes at school or even with activities at home. Down the road, especially if their injury is not managed properly, or if they return to play too early, they may experience issues such as being depressed, not feeling well, or have trouble remembering things for a long time. Once an individual has a concussion, they are also more likely to sustain another concussion.

## **How do I know when it's ok for a student-athlete to return to participation after a suspected concussion?**

Any student-athlete experiencing signs and symptoms consistent with a concussion should be immediately removed from play or practice and referred to appropriate medical personnel. They should not be returned to play or practice on the same day. To return to play or practice, they will need written clearance from a medical professional trained in concussion management.



***No athlete should be returned to play or practice while experiencing any concussion-related signs or symptoms.***

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

The Emergency Action Plan at your school

The concussion policy at your school

What you should do if you suspect a concussion

How to help athletes play their sport in the safest way

## Coach/School Nurse/Parent/Volunteer Concussion Statement

☐ I have read the *Concussion Information Sheet*. If true, please check box.

☐ I should not allow any student-athlete exhibiting signs and symptoms consistent with concussion to return to play or practice on the same day. If you agree, please check box.

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

\_\_\_\_\_ A concussion is a brain injury.

Initial

\_\_\_\_\_ A concussion can affect a student-athlete's ability to perform everyday

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

\_\_\_\_\_ I realize I cannot see a concussion, but I might notice some of the signs in a

Initial student-athlete right away. Other signs/symptoms can show-up hours or days after the injury.

\_\_\_\_\_ If I suspect a student-athlete has a concussion, I am responsible for

Initial removing them from activity and referring them to a medical professional trained in concussion management.

\_\_\_\_\_ Student-athletes need written clearance from a medical professional trained

Initial in concussion management to return to play or practice after a concussion.

Date

\_\_\_\_\_ I will not allow any student-athlete to return to play or practice if I suspect

Initial that he/she has received a blow to the head or body that resulted in signs or symptoms consistent with concussion.

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

Initial student-athletes are much more likely to sustain another concussion or more serious brain injury if they return to play or practice before symptoms resolve.

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

Initial problems.

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

Initial

\_\_\_\_\_

Signature of Coach/Parent/School Nurse/Volunteer

\_\_\_\_\_

Printed name of Coach/Parent/School Nurse/Volunteer

## **General Guidelines for Developing Emergency Action Plans**

**1. Establish Roles** – adapt to specific team/sport/venue, may be best to have more than one person assigned to each role in case of absence/turnover

- Immediate care of the athlete
  - Typically physician, ATC, first responder but also those trained in basic life support
- Activation of Emergency Medical System
  - Could be school administrator, anyone
- Emergency equipment retrieval
  - Could be student assistant, coach, anyone
- Direction of EMS to scene
  - Could be administrator, coach, student assistant, anyone

### **2. Communication**

- Primary method
  - May be fixed (landline) or mobile (cellular phone, radio)
  - List all key personnel and all phones associated with this person
- Back-up method
  - Often a landline
- Test prior to event
  - Cell phone/radio reception can vary, batteries charged, landline working
  - Make sure communication methods are accessible (identify and post location, identify locks or other barriers, change available for pay-phone)
- Activation of EMS
  - Identify contact numbers (911, ambulance, police, fire, hospital, poison control, suicide hotline)
  - Prepare script (caller name/location/phone number, nature of emergency, number of victims and their condition, what treatment initiated, specific directions to scene)
  - Post both of the above near communication devices, other visible locations in venue, and circulate to appropriate personnel
  - Inform EMS ahead of time of location of facilities/venues

- Student emergency information
  - Critical medical information (conditions, medications, allergies)
  - Emergency contact information (parent / guardian)
  - Accessible (keep with athletic trainer for example)

### **3. Emergency Equipment**

- e.g. Automated External Defibrillators, bag-valve mask, spine board, splints
- Personnel trained in advance on proper use
- Must be accessible (identify and post location, within acceptable distance for each venue, identify locks or other barriers)
- Proper condition and maintenance
  - document inspection (log book)

### **4. Emergency Transportation**

- Ambulance on site for high risk events (know difference between basic life support and advanced life support vehicles / personnel)
  - Designated location
  - Clear route for exiting venue

- When ambulance not on site
  - Entrance to venue clearly marked and accessible
  - Identify parking/loading point and confirm area is clear
- Coordinate ahead of time with local emergency medical services

## 5. Additional considerations

- Must be venue specific (football field, gymnasium, other)
- Specify who will be in charge (athletic trainer, EMT, other) during an emergency situation
- Put plan in writing
- Involve all appropriate personnel (administrators, coaches, sports medicine, EMS)
  - Development
  - Approval with signatures
- Post the plan in visible areas of each venue and distribute
- Review plan at least annually
- Rehearse plan at least annually
- Document
  - Events of emergency situation
  - Evaluation of response
  - Rehearsal, training, equipment maintenance
- Must be reviewed by an athletic trainer licensed in North Carolina

### Specific considerations for *Head and Neck Injury*:

- Athletic trainer / First responder should be prepared to remove the face-mask from a football helmet in order to access a victim's airway without moving the cervical spine
- Sports medicine team should communicate ahead of time with local EMS to establish:
  - Agreed upon C-spine immobilization techniques (e.g. leave helmet and shoulder pads on for football players) which meet current local and national recommendations/standards
  - Type of immobilization equipment to be available on-site and/or provided by EMS
- Athletes and coaches should be trained not to move victims

specific drills (agility – with 3 planes of movement).  
**Day 4:** Non-Contact, sports-specific practice.  
**Day 5:** Full contact in controlled drill(s) or practice.  
**Day 6:** Return to competition.

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## Gfeller-Waller Concussion Clearance Form

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

Athlete's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Team/Sport: \_\_\_\_\_

### HISTORY OF INJURY

Person Completing Form (Circle One): Athletic Trainer | First Responder | Coach | Parent | Student

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

☐ Please see attached information ☐ Please see further history on back of this form

Did the athlete have: (Circle one)  
 Loss of consciousness or unresponsiveness? YES | NO  
 Seizure or convulsive activity? YES | NO  
 Balance problem / unsteadiness? YES | NO  
 Dizziness? YES | NO  
 Headache? YES | NO  
 Nausea? YES | NO  
 Emotional instability (abnormal laughing, crying, smiling, anger)? YES | NO  
 Confusion? YES | NO  
 Difficulty concentrating? YES | NO  
 Vision Problems? YES | NO  
 Other: YES | NO

Duration / Resolution  
 Duration: \_\_\_\_\_  
 Duration: \_\_\_\_\_  
 IF YES, HAS THIS RESOLVED? YES | NO  
 IF YES, HAS THIS RESOLVED? YES | NO  
 IF YES, HAS THIS RESOLVED? YES | NO  
 IF YES, HAS THIS RESOLVED? YES | NO  
 IF YES, HAS THIS RESOLVED? YES | NO  
 IF YES, HAS THIS RESOLVED? YES | NO  
 IF YES, HAS THIS RESOLVED? YES | NO  
 IF YES, HAS THIS RESOLVED? YES | NO  
 IF YES, HAS THIS RESOLVED? YES | NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MEDICAL PROVIDER RECOMMENDATIONS

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

### RETURN TO SPORTS

PLEASE NOTE: 

- Athletes should not return to practice or play the same day that their head injury occurred.
- Athletes should never return to play or practice if they still have **ANY** symptoms.
- Athletes, be sure that your coach and /or athletic trainer are aware of your injury, symptoms, and has the contact information for the treating physician.

SCHOOL (ACADEMICS): May return to school now May return to school on Out of school until follow-up visit.

PHYSICAL EDUCATION: Do NOT Return to PE class at this time. May Return to PE class

SPORTS: Do not return to sports practice or competition at this time.  
 May gradually return to sports practices under the supervision of the health care provider for your school or team  
 May be advanced back to competition after phone conversation with attending physician.  
 Must return to medical provider for final clearance to return to competition.  
 - OR -  
 Cleared for full participation in all activities without restriction.

Physician (required) \_\_\_\_\_

MD/DO (circle one) \_\_\_\_\_

Office Address/Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Provider (optional) \_\_\_\_\_

Neuropsychologist | LAT, ATC | NP | PA-C (circle one)

Office Address/Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Day 1:** Low levels of physical activity (i.e. symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary biking, and light weightlifting (low weight – moderate reps, no bench, no squats).

**Day 2:** Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduce time and/or reduced weight from your typical routine).

**Day 3:** Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills (agility – with 3 planes of movement).

**Day 4:** Non-Contact, sports-specific practice.

**Day 5:** Full contact in controlled drill(s) or practice.

**Day 6:** Return to competition.