

GFELLER-WALLER/NCHSAA STUDENT-ATHLETE CONCUSSION MANAGEMENT RESOURCES

1. **Instructions** for completing the forms used when documenting a student-athlete's concussion can be found in the information below.
 - ❖ Gfeller-Waller/NCHSAA Concussion Management Guiding Principles
 - Key Tenets of Concussion Management
 - NCHSAA Specific Requirements Regarding the Gfeller-Waller Concussion Awareness Law as Defined by the NCHSAA Sports Medicine Advisory Committee (SMAC)
 - Health and Safety Personnel
 - ❖ Gfeller-Waller/NCHSAA Concussion Management Algorithm
 - ❖ Concussion Gradual Return-to-Play Protocol FAQ Sheet

2. **Forms** for use when documenting a student-athlete's concussion can be found below.
 - ❖ Gfeller-Waller/NCHSAA Student-Athlete Concussion Injury History Form
 - ❖ Medical Provider Concussion Evaluation Recommendations Form
 - ❖ Concussion Return-To-Learn Recommendations Form
 - ❖ NCHSAA Concussion Return to Play Protocol Form
 - ❖ Return to Play Form

3. **Organization** of the forms used when documenting a student-athlete's concussion can be done by using the checklist below.
 - ❖ Concussion Management Documentation Checklist



Gfeller-Waller/NCHSAA Concussion Management Principles

Health and Safety Personnel

The NCHSAA **STRONGLY RECOMMENDS** that each individual listed below has both expertise and training in concussion management and that LATs, PAs, and NPs consult with their supervising physician before signing the Return To Play Form, as per their respective state statutes.

Licensed Physician** - An individual who has training in concussion management licensed to practice medicine (MD or DO) under Article 1 of Chapter 90 of the General Statutes.

Licensed Athletic Trainer (LAT)** - An individual who has is licensed under Article 34 of Chapter 90 of the General Statutes entitling them to perform the functions and duties of an athletic trainer.

Licensed Physician Assistant (PA)** - An individual who has is licensed under the provisions of G.S. 90-9.3 to perform medical acts, tasks, and functions as an assistant to a physician.

Licensed Nurse Practitioner (NP)** - Any nurse who has is licensed under the provisions of G.S. 90-18(14) to perform medical acts, tasks or functions.

Licensed Neuropsychologist** - An individual who has training in concussion management licensed under Article 18A of Chapter 90 of the General Statutes.

First Responder (FR) - An individual who has meets the requirements set forth by the North Carolina State Board of Education Policy ATHL-000.

**** Licensed Health Care Provider as defined by the Gfeller-Waller Concussion Awareness Act.**

Key Tenets of Concussion Management

1. **No athlete with a suspected concussion is allowed return to practice or play the same day that his or her head injury occurred.**
2. It is not feasible for a Licensed Health Care Provider (LHCP) to both diagnose an acute concussion and provide clearance on the same day.
3. Athletes should never return to play or practice if they still have **ANY symptoms**.
4. More than one evaluation is typically necessary for medical clearance for concussion. Due to the need to monitor concussions for recurrence of signs and symptoms with cognitive or physical stress, Emergency Room and Urgent Care physicians typically should not make clearance decisions at the time of first visit.
5. A concussion is a traumatic brain injury that can present in several ways and with a variety of signs, symptoms, and neurologic deficits that can present immediately or evolve over time.
6. Both academic and cognitive considerations should be addressed when managing a student-athlete with a concussion. The NC Dept. of Public Instruction now requires a "Return to Learn" plan for students with suspected head injury. Also, consider guidance on proper sleep hygiene, nutrition, and hydration.
7. The NCHSAA **STRONGLY RECOMMENDS** that all member school student-athletes have a Licensed Physician's (MD/DO) signature on the Return to Play Form and/or the Licensed Health Care Provider Concussion Evaluation Recommendations Form. Remember that the Licensed Physician (MD/DO) signing the RETURN TO PLAY FORM and/or the Licensed Health Care Provider Concussion Evaluation Medical Recommendation Form is required to be licensed under Article 1 of Chapter 90 of the General Statutes and have had training in concussion management.
8. The student-athlete must be completely symptom-free both at rest AND with cognitive stress, then with full physical exertion before being cleared to resume full participation in athletics (The NCHSAA Concussion Return to Play Protocol has been designed with this in mind).
9. A step-by-step progression of physical and cognitive exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and that a student-athlete can return to athletics safely. The NCHSAA Concussion Return to Play Protocol, therefore, has been designed using a step-by-step progression and is **REQUIRED** to be completed in its entirety for any concussed student-athlete before they are released to full participation in athletics.



NCHSAA Student-Athlete Concussion Management Algorithm

Licensed Health Care Providers (LHCP) are **STRONGLY ENCOURAGED** by the NCHSAA to have expertise and training in concussion management. LHCPs include the following individuals: Licensed Physician (MD/DO), Licensed Athletic Trainer (LAT), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP), or Licensed Neuropsychologist.

**Traumatic event or
head injury occurs.**

Student-athlete (S-A) has signs, symptoms, or behaviors of a concussion or is suspected to have sustained a concussion.
NCHSAA Concussion Injury History is completed.

Based on evaluation (S-A) is
diagnosed with a concussion.

LHCP evaluates (S-A).

LHCP Concussion Evaluation Recommendations

1. LHCP cares for the S-A and/or delegates aspects of care to another individual.
2. Recommendations are selected for SCHOOL, SPORTS, and PE based on the evaluation findings.

LHCP Concussion Return-To-Learn Recommendations

1. LHCP selects educational accommodations for the S-A.
2. Evaluation Recommendations and Return-to Learn Recommendations are provided to appropriate school-based personnel and to the individual who will monitor the S-A's Concussion Return-to-Play Protocol.

NCHSAA Concussion Return to Play Protocol

The **NCHSAA Concussion Return to Play (RTP) Protocol** is **REQUIRED** to be completed in its entirety for any concussed S-A before they are released to resume full participation in athletics.

If the RTP Protocol is monitored by the Licensed Athletic Trainer (LAT), or other LHCP, through stage 5 no office contact is necessary unless required by examining LHCP. Office contact, if required, may be made electronically, by phone, or in person to review the S-A's progress. The LAT, or other LHCP, notifies the examining LHCP that the S-A remained asymptomatic after stage 5 is completed, if required to do so.

If the RTP Protocol has been monitored by a First Responder (FR) then the FR must sign attesting that they reviewed the progress of the S-A through stage 4 electronically, by phone, or in person with the LHCP and that the S-A was cleared by the LHCP to complete stage 5. The LHCP overseeing the S-A's care is notified that the S-A remained asymptomatic after stage 5 is completed.

If signs or symptoms occur after stage 5 the S-A **MUST** return to the LHCP overseeing the S-A's care.

Please refer to the **Concussion Gradual Return-to-Play Protocol FAQ** for additional guidance.

NCHSAA RETURN TO PLAY FORM

Licensed Health Care Provider: Must sign the Return to Play Form before the S-A is allowed to resume full participation in athletics.

Parent/Legal Custodian: Must sign Return to Play Form giving consent for their child to resume full participation in athletics before the child is allowed to resume full participation in athletics.

Athlete Resumes Full Participation in Athletics



Concussion Gradual Return-to-Play (RTP) Protocol FAQ



How will I know if the student-athlete is symptom free and ready to begin the RTP Protocol?

Once a student-athlete is completely free of both documented clinical signs and symptoms at rest and classroom induced signs and symptoms (caused by cognitive stimulation such as reading, computer work, and schoolwork) a gradual Return-to-Play (RTP) progression can be started.

Who can monitor the RTP Protocol?

The Licensed Physician who has examined the student-athlete (or their designee), Licensed Athletic Trainer, Licensed Physician Assistant, Licensed Nurse Practitioner, Licensed Neuropsychologist may monitor the athlete. If one of these licensed medical providers is not accessible, the school's first responder can monitor the RTP.

Who must go through the RTP Protocol?

All student-athletes diagnosed with a concussion are required to complete a Return-to-Play Protocol that proceeds in a step-by-step fashion with gradual, progressive stages.

Can a student-athlete engage in physical activity/exercise prior to starting Stage 1?

A qualified yes; keeping in mind that the physical activity/exercise should involve **NO** risk of head trauma and should occur only under direct orders of the treating licensed physician who has evaluated the student-athlete. This light exertion can be started before a student-athlete is entirely asymptomatic. There is evidence that "sub-symptom threshold exercise" (i.e. light exertion that does not cause new or worsen existing symptoms) is safe and may be helpful in concussion recovery,

What activities are included in the RTP Protocol stages?

The RTP Protocol begins with light aerobic exercise designed only to increase your heart rate (e.g. stationary bicycle), 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.

How does the student-athlete know if he/she is ready to advance to the next stage?

After monitored completion of each stage without provocation/recurrence of signs and/or symptoms, a student-athlete is allowed to advance to the next stage of activity.

How long is a stage?

The length of time of a stage is at least 24 hours.

What should the student-athlete do if signs and/or symptoms return?

If signs/symptoms occur with exercise, the student-athlete should stop and rest. Once free of signs/symptoms for 24 hours, the student-athlete returns to the previously completed stage of the protocol that was completed without recurrence of signs/symptoms and progresses forward in the protocol. During this process, it is important that student-athletes pay careful attention to note any return of concussion signs/symptoms (headache, dizziness, vision problems, lack of coordination, etc.) both during and/or in the minutes to hours after each stage. In the event that signs/symptoms are experienced, they should be reported to the individual monitoring the student-athlete's RTP Protocol.

What should be done if the student-athlete is unable to complete a stage successfully after two attempts?

If a student-athlete is unable to complete a stage twice without return of signs/symptoms, consultation with the licensed physician who has examined the student-athlete is advised. A student-athlete should be progressed to the next stage only if he/she does NOT experience any signs/symptoms.

How long should the completed RTP Protocol form be kept on file?

The completed RTP Protocol form should remain on file at least until the student-athlete graduates from high school.



NCHSAA Concussion Injury History



Student-Athlete's Name: _____ Sport: _____ Male/Female

Date of Birth: _____ Date of Injury: _____ School: _____

<u>Following the injury, did the athlete experience:</u>	<u>Circle one</u>	<u>Duration (write number/ circle appropriate)</u>	<u>Comments</u>
<i>Loss of consciousness or unresponsiveness?</i>	YES NO	_____ seconds / minutes / hours	
<i>Seizure or convulsive activity?</i>	YES NO	_____ seconds / minutes / hours	
<i>Balance problems/unsteadiness?</i>	YES NO	_____ minutes / hrs / days / weeks /continues	
<i>Dizziness?</i>	YES NO	_____ minutes / hrs / days / weeks /continues	
<i>Headache?</i>	YES NO	_____ minutes / hrs / days / weeks /continues	
<i>Nausea?</i>	YES NO	_____ minutes / hrs / days / weeks /continues	
<i>Emotional Instability (abnormal laughing, crying, anger?)</i>	YES NO	_____ minutes / hrs / days / weeks/ continues	
<i>Confusion?</i>	YES NO	_____ minutes / hrs / days / weeks /continues	
<i>Difficulty concentrating?</i>	YES NO	_____ minutes / hrs / days / weeks /continues	
<i>Vision problems?</i>	YES NO	_____ minutes / hrs / days / weeks /continues	
<i>Other</i> _____ _____	YES NO	_____ minutes / hrs / days / weeks /continues	

Describe how the injury occurred: _____

Additional details: _____

Name of person completing Injury History: _____

Contact Information: Phone Number: _____ Email: _____

Injury History Section completed by: Licensed Athletic Trainer, First Responder, Coach, Parent, Other **(Please Circle)**



Licensed Health Care Provider Concussion Evaluation Recommendations

Licensed Health Care Providers (LHCP) are **STRONGLY ENCOURAGED** by the NCHSAA to have expertise and training in concussion management.

LHCPs include the following individuals: Licensed Physician (MD/DO), Licensed Athletic Trainer (LAT), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP), or Licensed Neuropsychologist.

Name of Athlete: _____ DOB: _____ Date of Evaluation: _____

*All NCHSAA member school student-athletes diagnosed with a concussion are **STRONGLY RECOMMENDED** to have input and signature from a physician (MD/DO who is licensed under Article 1 of Chapter 90 of the General Statutes and has expertise and training in concussion management) before being cleared to resume full participation in athletics. Due to the need to monitor concussions for recurrence of signs & symptoms with cognitive or physical stress, Emergency Room and Urgent Care physicians should not make clearance decisions at the time of first visit. All medical providers are encouraged to review the CDC site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. Providers should refer to NC Session Law 2011-147, House Bill 792 Gfeller-Waller Concussion Awareness Act for requirements for clearance, and please initial any recommendations you select. (Adapted from the Acute Concussion Evaluation (ACE) care plan (<http://www.cdc.gov/concussion/index.html>) and the NCHSAA concussion Return to Play Protocol.) The recommendations indicated below are based on today's evaluation.*

RETURN TO SCHOOL:

PLEASE NOTE →

SCHOOL (ACADEMICS):

(LHCP identified below should check all recommendations that apply.)

1. The North Carolina State Board of Education approved "Return-To- Learn after Concussion" policy to address learning and educational needs for students following a concussion.
2. A sample of accommodations is found on the **LHCP Concussion Return to Learn Recommendations** page.

- ☐ Out of school until ____/____/20____ (date). LHCP Initial: _____ Date: _____
- ☐ Return for further evaluation on ____/____/20____ (date). LHCP Initial: _____ Date: _____
- ☐ May return to school on ____/____/20____ (date) with accommodations as selected on the **LHCP Concussion Return to Learn Recommendations** page. LHCP Initial: _____ Date: _____
- ☐ May return to school now with no accommodations needed. LHCP Initial: _____ Date: _____

RETURN TO SPORTS:

PLEASE NOTE →

SPORTS & PHYSICAL EDUCATION:

(LHCP identified below should check all recommendations that apply.)

A step-by-step progression of physical and cognitive exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and that a student-athlete can return to athletics safely. The **NCHSAA Concussion Return to Play (RTP) Protocol**, therefore, has been designed using a step-by-step progression and is **REQUIRED** to be completed in its entirety by any concussed student-athlete before they are released to full participation in athletics.

- ☐ Not cleared for sports at this time.
- ☐ Not cleared for physical education at this time.
- ☐ May do light physical education that poses no risk of head trauma such (i.e. walking laps).
- ☐ May start RTP Protocol under appropriate monitoring and may return to PE activities after completion.
- ☐ Must return to the examining LHCP for clearance before returning to sports/physical education.
- ☐ May start the RTP Protocol under monitoring of **First Responder**. The examining LHCP must review progress of student-athlete through stage 4 and before beginning stage 5 either electronically, by phone, or in person and an additional office visit is not required unless otherwise indicated by the LHCP. If the student-athlete has remained free of signs/symptoms after stage 5 is completed, the LHCP must then sign the **RETURN TO PLAY FORM** before the student-athlete is allowed to resume full participation in athletics.
- ☐ May start the RTP Protocol under monitoring of **LHCP** and progress through all five stages with no office contact necessary unless required by examining LHCP. If student-athlete remains free of signs/symptoms the LHCP must sign the **RETURN TO PLAY FORM** before the student-athlete is allowed to resume full participation in athletics.

Comment: _____

Signature of MD, DO, LAT, PA, NP, Neuropsychologist (Please Circle)

Date: _____

Please Print Name _____

Office Address _____

Phone Number _____

The Licensed Health Care Provider above has delegated aspects of the student-athlete's care to the individual designated below.

Signature of LAT, NP, PA-C, Neuropsychologist, First Responder (Please Circle)

Date: _____

Please Print Name _____

Office Address _____

Phone Number _____

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Licensed Health Care Provider Concussion Return-To-Learn Recommendations

Licensed Health Care Providers (LHCP) are **STRONGLY ENCOURAGED** by the NCHSAA to have expertise and training in concussion management.

LHCPs include the following individuals: Licensed Physician (MD/DO), Licensed Athletic Trainer (LAT), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP), or Licensed Neuropsychologist.

Name of Athlete: _____ **DOB:** _____ **Date:** _____

Following a concussion, most individuals typically need some degree of cognitive and physical rest to facilitate and expedite recovery. Activities such as reading, watching TV or movies, playing video games, working/playing on the computer and/or texting require cognitive effort and can worsen symptoms during the acute period after concussion. Navigating academic requirements and a school setting present a challenge to a recently concussed student-athlete. A Return-To-Learn policy facilitates a gradual progression of cognitive demand for student-athletes in a learning environment. Licensed Health Care Providers should consider whether academic and school modifications may help expedite recovery and lower symptom burden. It is important to review academic/school situation for each student athlete and identify educational accommodations that may be beneficial.

Educational accommodations that may be helpful are listed below.

Return to school with the following supports:

Length of Day

- ☐ Shortened day. Recommended _____ hours per day until re-evaluated or (date) _____.
- ☐ ≤ 4 hours per day in class (consider alternating days of morning/afternoon classes to maximize class participation)
- ☐ Shortened classes (i.e. rest breaks during classes). Maximum class length of _____ minutes.
- ☐ Use _____ class as a study hall in a quiet environment.
- ☐ Check for the return of symptoms when doing activities that require a lot of attention or concentration.

Extra Time

- ☐ Allow extra time to complete coursework/assignments and tests.
- ☐ Take rest breaks during the day as needed (particularly if symptoms recur).

Homework

- ☐ Lessen homework by _____ % per class, or _____ minutes/class; or to a maximum of _____ minutes nightly, no more than _____ minutes continuous.

Testing

- ☐ No significant classroom or standardized testing at this time, as this does not reflect the patient's true abilities.
- ☐ Limited classroom testing allowed. No more than _____ questions and/or _____ total time.
 - ☐ Student is able to take quizzes or tests but no bubble sheets.
 - ☐ Student able to take tests but should be allowed extra time to complete.
- ☐ Limit test and quiz taking to no more than one per day.
- ☐ May resume regular test taking.

Vision

- ☐ Lessen screen time (SMART board, computer, videos, etc.) to a maximum _____ minutes per class AND no more than _____ continuous minutes (with 5-10 minute break in between). This includes reading notes off screens.
- ☐ Print class notes and online assignments (14 font or larger recommended) to allow to keep up with online work.
- ☐ Allow student to wear sunglasses or hat with bill worn forward to reduce light exposure.

Environment

- ☐ Provide alternative setting during band or music class (outside of that room).
- ☐ Provide alternative setting during PE and/or recess to avoid noise exposure and risk of injury (out of gym).
- ☐ Allow early class release for class transitions to reduce exposure to hallway noise/activity.
- ☐ Provide alternative location to eat lunch outside of cafeteria.
- ☐ Allow the use of earplugs when in noisy environment.
- ☐ Patient should not attend athletic practice
- ☐ Patient is allowed to be present but not participate in practice, limited to _____ hours

Additional Recommendations:

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NCHSAA Concussion Return to Play Protocol

*The NCHSAA Concussion Return to Play (RTP) Protocol is **REQUIRED** to be completed in its entirety for any concussed student-athlete before they are released to resume full participation in athletics. A step-by-step progression of physical and cognitive exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and that a student-athlete can return to athletics safely. The NCHSAA Concussion (RTP) Protocol has been designed using this step-by-step progression.

*The NCHSAA Concussion (RTP) Protocol can be monitored by any of the following Licensed Health Care Providers (LHCP): Licensed Physician (MD/DO), Licensed Athletic Trainer, Licensed Physician Assistant, Licensed Nurse Practitioner, or a Licensed Neuropsychologist. A First Responder may monitor the RTP Protocol if a LHCP is unavailable.

*After monitored completion of each stage without provocation/recurrence of signs and/or symptoms, a student-athlete is allowed to advance to the next stage of activity. The length of time for each stage is at least 24 hours.

Name of Student- Athlete: _____ Sport: _____ Male/Female

DOB: _____ Date of Injury: _____ Date Concussion Diagnosed: _____

STAGE	EXERCISE	GOAL	DATE COMPLETED	COMMENTS	MONITORED BY
1	20-30 min of cardio activity: walking, stationary bike.	Perceived intensity/exertion: Light Activity			
2	30 min of cardio activity: jogging at medium pace. Body weight resistance exercise (e.g. push-ups, lunge walks) with minimal head rotation x 25 each.	Perceived intensity/exertion: Moderate Activity			
3	30 minutes of cardio activity: running at fast pace, incorporate intervals. Increase repetitions of body weight resistance exercise (e.g. sit-ups, push-ups, lunge walks) x 50 each. Sport-specific agility drills in three planes of movement.	Perceived intensity/exertion: Hard Activity, changes of direction with increased head and eye movement			
4	Participate in non-contact practice drills. Warm-up and stretch x 10 minutes. Intense, <u>non-contact</u> , sport-specific agility drills x 30-60 minutes.	Perceived intensity/exertion: High/Maximum Effort Activity			
First Responder Verification	If the RTP Protocol has been monitored by a First Responder (FR) then the FR must sign below attesting that they have reviewed the progress of this student-athlete (S-A) through stage 4 electronically, by phone, or in person with the Licensed Health Care Provider (LHCP) and that the S-A was cleared by the LHCP to complete stage 5. <div style="text-align: right;">FR Signature: _____ Date: _____</div>				
5	Participate in full practice. If in a contact sport, controlled contact practice allowed.				
LHCP signs RTP Form	The LHCP overseeing the student-athlete's (S-A) care is notified that the S-A remained asymptomatic after stage 5 was completed. The Return to Play (RTP) Form MUST be signed before the S-A is allowed to resume full participation in athletics. If signs or symptoms occur after stage 5 the S-A MUST return to the LHCP overseeing the S-A's care.				

The individual who monitored the student-athlete's (RTP) Protocol MUST sign and date below when stage 5 is successfully completed.

By signing below, I attest that I have monitored the above named student-athlete's return to play protocol through stage 5.

Signature of Licensed Physician, Licensed Athletic Trainer, Licensed Physician Assistant,
Licensed Nurse Practitioner, Licensed Neuropsychologist, or First Responder (Please Circle)

Date

Please Print Name



RETURN TO PLAY FORM: CONCUSSION MEDICAL CLEARANCE RELEASING THE STUDENT-ATHLETE TO RESUME FULL PARTICIPATION IN ATHLETICS

This form must be signed by one of the following examining Licensed Health Care Providers (LHCP) identified in the Gfeller-Waller Concussion Awareness Act before the student-athlete is allowed to resume full participation in athletics: Licensed Physician (MD/DO), Licensed Athletic Trainer (LAT), Licensed Physician Assistant (PA), Licensed Nurse Practitioner (NP), or Licensed Neuropsychologist. This form must be signed by the student-athlete's parent/legal custodian giving their consent before their child resumes full participation in athletics.

Name of Student-Athlete: _____ Sport: _____ Male/Female

DOB: _____ Date of Injury: _____ Date Concussion Diagnosed: _____

This is to certify that the above-named student-athlete has been evaluated and treated for a concussion and that the Return to Play Protocol was monitored by:

_____ at _____
(Print Name of Person and Credential) (Print Name of School)

As the examining LHCP, I attest that the above-named student-athlete is now reporting to be completely free of all clinical signs and reports he/she is entirely symptom-free at rest and with both full cognitive and full exertional/physical stress and that the above-named student-athlete has successfully completed the required NCHSAA Concussion Return to Play Protocol through stage 5. By signing below therefore, I give the above-named student-athlete consent to resume full participation in athletics.

It is critical that the medical professional ultimately releasing this student-athlete to return to athletics after a concussion has appropriate expertise and training in concussion management. The NCHSAA, therefore, STRONGLY RECOMMENDS that in concussion cases, Licensed Athletic Trainers, Licensed Physician Assistants, Licensed Nurse Practitioners, consult with their supervising physician before signing this Return To Play Form, as per their respective state statutes.

Signature of Licensed Physician, Licensed Athletic Trainer, Licensed Physician Assistant, Licensed Nurse Practitioner, Licensed Neuropsychologist (Please Circle)

Date

Please Print Name

Please Print Office Address

Phone Number

Parent/Legal Custodian Consent for Their Child to Resume Full Participation in Athletics

I am aware that the NCHSAA **REQUIRES** the consent of a child's parent or legal custodian prior to them resuming full participation in athletics after having been evaluated and treated for a concussion. I acknowledge that the Licensed Health Care Provider above has overseen the treatment of my child's concussion and has given their consent for my child to resume full participation in athletics. By signing below, I hereby give my consent for my child to resume full participation in athletics.

Signature of Parent/Legal Custodian

Date

Please Print Name and Relationship to Student-Athlete



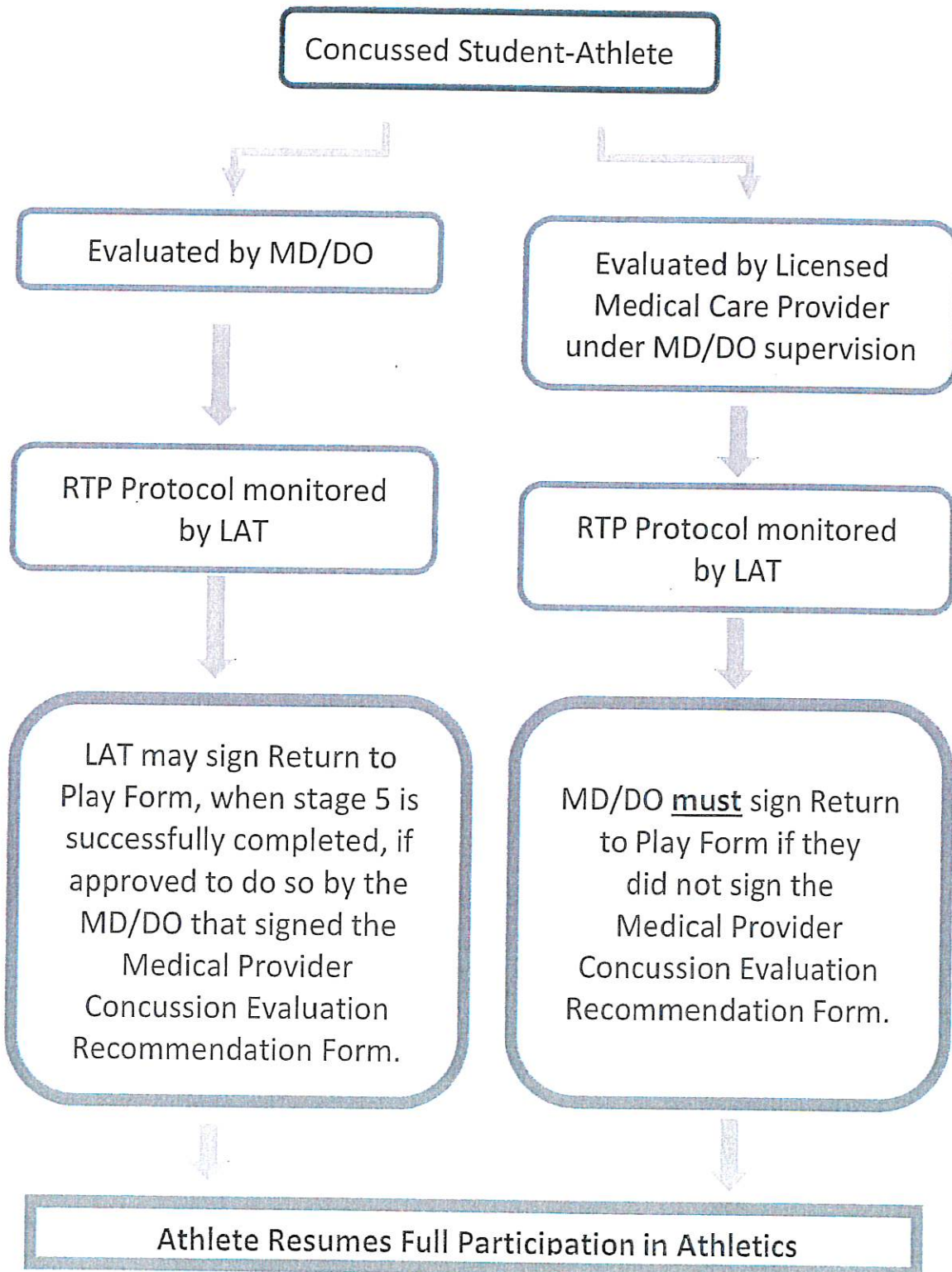
**GFELLER-WALLER/NCHSAA
STUDENT-ATHLETE
CONCUSSION MANAGEMENT DOCUMENTATION CHECKLIST**

The forms used when documenting a student-athlete's concussion can be organized in a detailed fashion by using the checklist below. Please be reminded that The NCHSAA requires that the **Medical Provider Concussion Evaluation Recommendations Form**, the student-athlete's **Return to Play Protocol Form**, and **Return to Play Form** must be retained by the school and available for review upon request. It is recommended that all documentation pertaining to injuries sustained by student-athletes, both concussion and otherwise, be retained by the school.

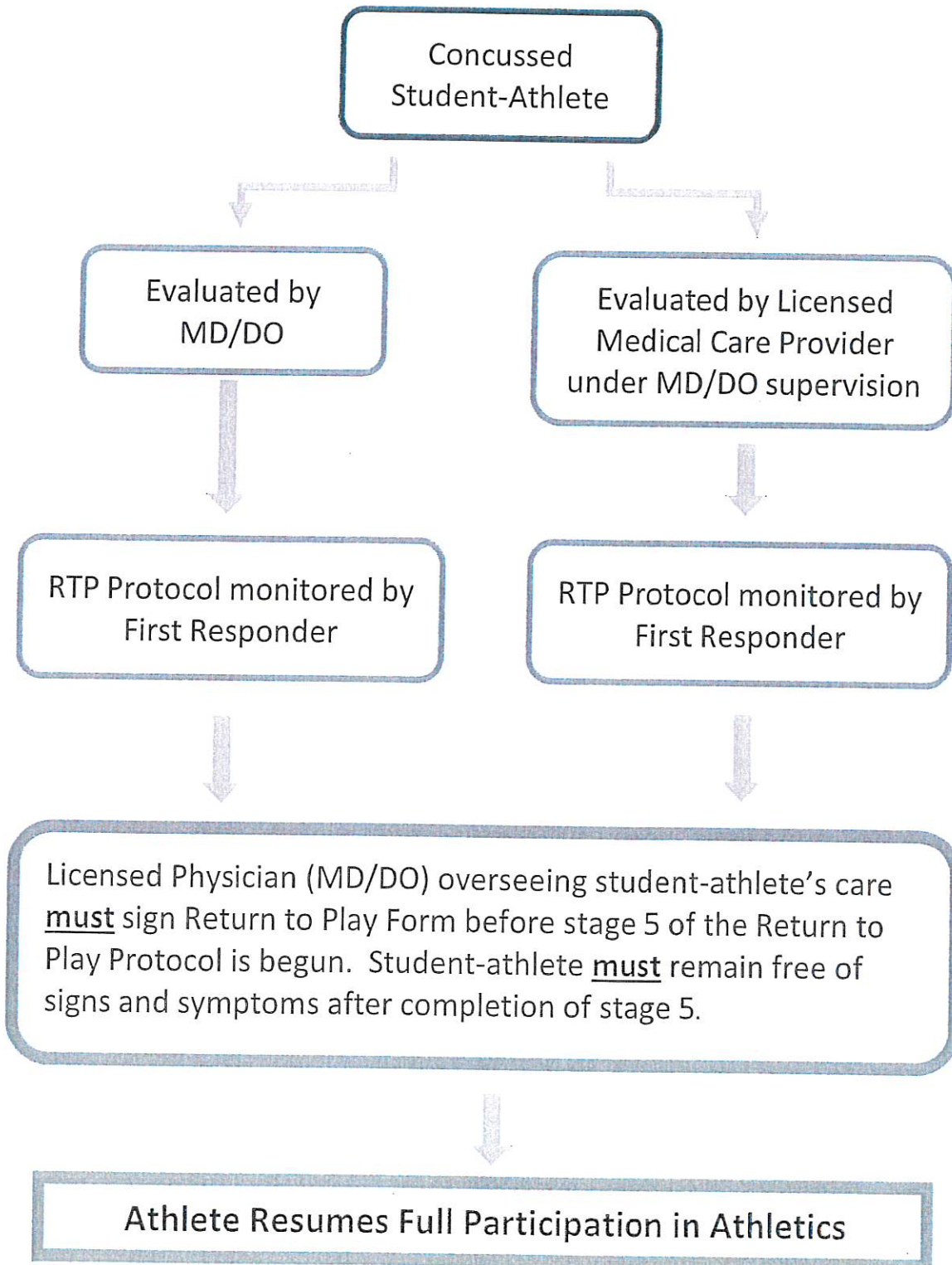
- ☐ Concussion Injury History Form
- ☐ *Medical Provider Concussion Evaluation Recommendations Form*
- ☐ Concussion Return to Learn Recommendations Form
- ☐ *NCHSAA Concussion Return to Play Protocol Form*
- ☐ *Return to Play Form*

*The NCHSAA requires that the **Medical Provider Concussion Evaluation Recommendations Form**, the student-athlete's **Return to Play Protocol Form**, and **Return to Play Form** be retained by the school and available for review upon request.

NCHSAA LICENSED ATHLETIC TRAINER QUICK GUIDE FOR MANAGEMENT A OF CONCUSSED STUDENT-ATHLETE



NCHSAA FIRST RESPONDER QUICK GUIDE FOR MANAGEMENT OF A CONCUSSED STUDENT-ATHLETE



Gfeller-Waller NCHSAA School & Athletic Personnel Concussion Information Sheet

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	Crying more	
	Sensitivity to noise or light		

Table from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

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

What are the warning signs that a more significant head injury may have occurred? If they have a headache that gets worse over time, experience loss of coordination or abnormal body movements, have repeated nausea, vomiting, slurred speech, or you witness 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 following rest or activity.

Approved for 2020-2021 School Year

Gfeller-Waller NCHSAA School & Athletic Personnel Concussion Statement Form

****Please initial beside each statement, indicating that you have read and understand the following information ****

Initial
Here

	A concussion is a brain injury.
	A concussion can affect a student-athlete's ability to perform everyday 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 of a concussion in a student-athlete right away. However, 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 removing them from the activity and referring them to a medical professional trained in concussion management.
	I will not allow any student-athlete to return to play or practice if I suspect that he or she has received a blow to the head or body that resulted in signs or symptoms consistent with a concussion.
	I should not allow any student-athlete exhibiting signs and symptoms consistent with concussion to return to play or practice on the same day.
	I acknowledge that student-athletes must receive written clearance from a medical professional, trained in concussion management, in order to return to play or practice after a concussion.
	I acknowledge that following concussion, the brain needs time to heal. I understand that student-athletes are 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 problems.
	I have read the Concussion Information Sheet including, but not limited, to the signs and symptoms of a concussion.

TM

I Am A(n): **Athletic** **Coach** **Athletic** **First** **School** **Volunteer**
 (please circle) **Director** **Trainer** **Responder** **Nurse**

By signing below, I agree that I have read the NCHSAA School and Athletic Personnel Concussion Statement Form and have signaled my understanding by initialing appropriately beside each statement.

Signature

Date

Please Print Name



Gfeller- Waller Concussion Statement Checklist for
Coach/Athletic Trainer/First Responder/
School Nurse/Volunteer

School: _____

Athletic Team: _____

Coach/Athletic Trainer/First Responder/
School Nurse/Volunteer Roster

Please list the names of each person directly affiliated with this athletic team.

(Duplicate form as needed)

Name	Gfeller-Waller Form Date

Gfeller–Waller NCHSAA Student–Athlete & Parent/Legal Custodian Concussion Information Sheet

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.

Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Statement Form

Instructions: The student athlete and his/her parent or legal custodian, must initial beside each statement acknowledging that they have read and understand the corresponding statement. The student-athlete should initial in the left column and the parent or legal custodian should initial in the right column. Some statements are applicable only to the student-athlete and should only be initialed by the student-athlete. This form must be completed for each student-athlete, even if there are multiple student-athletes in the household.

Student-Athlete Name: (please print) _____

Parent/Legal Custodian Name(s): (please print) _____

Student- Athlete Initials		Parent/Legal Custodian(s) Initials
	A concussion is a brain injury, which should be reported to my parent(s) or legal custodian(s), my or my child's coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen." Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	Not Applicable
	If I think a teammate has a concussion, I should tell my coach(es), parent(s)/ legal custodian(s) or medical professional about the concussion.	Not Applicable
	I, or my child, will not return to play in a game or practice if a hit to my, or my child's, head or body causes any concussion-related symptoms.	
	I, or my child, will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away, right away. I realize that resolution from a concussion is a process that may require more than one medical visit.	
	I realize that ER/Urgent Care physicians will not provide clearance to return to play or practice, if seen immediately or shortly after the injury.	
	After a concussion, the brain needs time to heal. I understand that I or my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms listed on the Student-Athlete/ Parent Legal Custodian Concussion Information Sheet.	
	I have asked an adult and/or medical professional to explain any information contained in the Student-Athlete & Parent Concussion Statement Form or Information Sheet that I do not understand.	

By signing below, we agree that we have read and understand the information contained in the Student-Athlete & Parent/Legal Custodian Concussion Statement Form, and have initialed appropriately beside each statement.

Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date

NCHSAA/Gfeller-Waller Concussion Awareness Act Seasonal Compliance Checklist

This checklist is designed to help your school work toward compliance with the Gfeller-Waller Concussion Awareness Act. *According to the law, "each school shall maintain complete and accurate records of its compliance with the requirements ..."* Beside each component is a checkbox you can use indicating compliance steps are completed.

Educational Compliance

1. ☐ Concussion Information Sheet distributed to student-athletes and parent/ legal custodian
2. ☐ Concussion Statement Forms signed and collected from student-athletes and parent/ legal custodian
3. ☐ Concussion Information Sheet distributed to head and assistant coaches/athletic trainers/first responders/school nurses/volunteers
4. ☐ Concussion Statement Forms signed and collected from head and assistant coaches/athletic trainers/first responders/school nurses/volunteers

Post-Concussion Protocol/Plan Compliance

A Post Concussion Plan in place that at a minimum includes:

- a. ☐ No same day return-to-play for any student-athlete exhibiting signs and symptoms consistent with concussion
- b. ☐ Student-athlete exhibiting signs and symptoms consistent with concussion must complete a Return to Play Protocol
- c. ☐ Return to Play Form completed by a medical professional trained in concussion management prior to return-to-play/practice for any student-athlete exhibiting signs and symptoms consistent with concussion

Emergency Action Plan Compliance

1. ☐ Each school must have a venue specific Emergency Action Plan (EAP) reviewed by an Athletic Trainer Licensed (LAT) in North Carolina. If your school has an LAT, that person can review the EAP. If your school needs an LAT to review your plan you can email it to a member of the NCATA Secondary Schools EAP Review Committee.
2. ☐ The Emergency Action Plan shall include a delineation of roles, methods of communication, available emergency equipment, and access to and plan for emergency transport.
3. ☐ The Emergency Action Plan must be in writing.
4. ☐ The Emergency Action Plan must be provided to all coaches, administrators, volunteers, etc. involved in interscholastic athletics.
5. ☐ The Emergency Action Plan must be posted conspicuously at all venues.
6. ☐ The Emergency Action Plan must be annually reviewed and rehearsed by all licensed athletic trainers (LAT), first responders, coaches, school nurses, athletic directors, and volunteers for interscholastic athletics.
7. ☐ The Emergency Action Plan must be approved by the school principal.

☐ CONCUSSION STATEMENT FORMS HAVE BEEN CHECKED AGAINST BOTH TEAM AND STAFF ROSTERS AND ARE CURRENTLY ON FILE WITH _____

(NAME OF SCHOOL OFFICIAL RESPONSIBLE FOR COMPLIANCE)

☐ FALL ☐ WINTER ☐ SPRING

PRINCIPAL'S SIGNATURE (OR DESIGNEE): _____ DATE: _____