



Skyline High School

Athletic Department

Athletic Training Policies & Procedures Manual

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STATEMENT OF PURPOSE

The following manual has been developed in order to provide a comprehensive informational resource for coaches, parents, student—athletes, and athletic department administrative personnel. The purpose of this manual is to define and delineate the policies and procedures to be used in the day-to-day operation of the sports medicine program at Skyline High School. This source is intended to increase the awareness of the policies and procedures used by the Skyline High School athletic training staff and to facilitate communication between the various members of the athletic program and the athletic training staff in an effort to provide the most efficient health care to our student athletes.

MISSION STATEMENT

The purpose of the athletic training room is to provide a high level of care to the student-athletes at Skyline High School. This includes prevention, treatment and rehabilitation of injuries as well as direction of the nutritional, physiological and psychological needs of the student athletes. The certified and licensed athletic trainer will provide these services, with objectivity and genuine concern for the health and healing of all student-athletes.

PERSONNEL AND RESPONSIBILITIES

□ Athletic Trainer

Skyline High School has on staff a Board of Certification (BOC) certified and Washington licensed athletic trainer. The athletic trainer operates under the direction of a licensed health care provider and follows the guidelines outlined by the Washington State Legislature Revised Code of Washington Chapter 18.250 RCW and Washington Administrative Code Chapter 245-916 WAC.

The athletic trainer has full responsibility for the operational procedures of the athletic training room. These responsibilities include, but are not limited to:

1. Injury/Illness Prevention and Wellness Protection
2. Clinical Evaluation and Diagnosis
3. Immediate and Emergency Care
4. Treatment and Rehabilitation
5. Organizational and Professional Health and Well-Being

The athletic Trainer will also abide by and uphold the principles and standards set forth in the National Athletic Trainers' Association (NATA) Code of Ethics and the Board of Certification (BOC) Standards of Professional Practice.

The athletic trainer is expected to maintain the highest level of academic and clinical knowledge in order to provide the most efficient and effective health care to all Skyline student—athletes. This requires that the athletic trainer remain constantly updated on new technological changes and ideas within the field of athletic training and sports medicine

through the reading of athletic training journals and other professional literature. The athletic trainer is also responsible for obtaining the required number of continuing education units (CEUs) to maintain her NATA certification and state license.

□ **Athletic Training Student Aides**

Skyline High School sports medicine students may serve as student aides. Athletic training student aides (ATSA) assist with coverage of the athletic training room during after school practices, pre-event treatments and rehabilitation sessions. ATSA will work under the supervision of the athletic trainer and will follow all policies and procedures as described in this document. It is required that all athletic training student aides be certified in CPR/AED as part of their knowledge base. ATSA must understand their roles, abilities, and limitations as part of the athletic training staff. Rules regarding proper use of student aides will be taken from the NATA's Official Statement on Proper Supervision of Secondary School Student Aides.





NATIONAL ATHLETIC TRAINERS' ASSOCIATION: OFFICIAL STATEMENT ON PROPER SUPERVISION OF SECONDARY SCHOOL STUDENT AIDES

Introduction:

This Official Statement of the National Athletic Trainers' Association provides support and guidance to school administrators and athletic trainers in the education and supervision of secondary school students enrolled in sports medicine courses or volunteering in secondary school athletic training programs. The goal of this statement is to continue to foster a positive, safe learning environment where students benefit from the instruction and observation of qualified health care professionals.

Official Statement:

The NATA recognizes that allowing secondary school students the opportunity to observe the daily professional duties and responsibilities of an athletic trainer can be a valuable educational experience. This unique experience may expose students to the foundations of various health related careers as well as provide them with important life skills. Regardless of practice setting, it is understood that all athletic trainers must comply with their state practice acts, the BOC Standards of Practice when certified, and the NATA Code of Ethics when a member. These legal and ethical parameters apply and limit the incorporation of student aides outside of the classroom and within the activities of athletic programs.

Student aides must only observe the licensed/certified athletic trainer outside of the educational environment. Coaches and school administrators must not allow or expect student aides to assist or act independently with regard to the evaluation, assessment, treatment and rehabilitation of injuries. Additionally, it is paramount that student aides not be expected, asked or permitted to make "return to play" decisions.

Specifically, licensed/certified athletic trainers, coaches and administrators must not ask athletic training student aides to engage in any of the following activities:

- (1) Interpreting referrals from other healthcare providers
- (2) Performing evaluations on a patient
- (3) Making decisions about treatments, procedures or activities
- (4) Planning patient care
- (5) Independently providing athletic training services during team travel



ATHLETIC CLEARANCE & REQUIRED MEDICAL FORMS

Before students participate in sport or activity, qualified medical personnel should evaluate their health. All Skyline High School student-athletes must receive a pre-participation physical examination every **2 years***. **Incoming Freshmen must have a *new* physical dated after June 1st.** These physical examinations are required and will cover the athlete for 2 years* from the date of the physical exam. A licensed physician, physician's assistant, or nurse practitioner must complete the *Physical Form*.

*All incoming freshman must receive a **NEW** physical when moving from middle to high school. It must be dated after June 1st. After this, a new physical is required every 2 years.

Before obtaining clearance to participate, all student-athletes must complete the online sports registration process through [FinalForms](#).

1. Sports Eligibility Information and Forms Include:

- a. *Health History & Medical Profile*: Includes current medication list, past injuries/hospitalizations, past or ongoing health conditions and WIAA PPE physician questions.
- b. *Emergency Medical Authorization*: Authorization of the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.
- c. *Student Athlete Handbook*: confirmation that parent/guardian and student-athlete have read and understand the Student Athlete Handbook.
- d. *Acknowledgement of Risk*: all sports have an inherent risk, signature to acknowledge that parent/guardian and student-athlete have read and understand these risks.
- e. *Physical Form*- medical history and physical/wellness examination.
- f. *Activity Permission*: permission for your student to participant in WIAA events outside the immediate area and applies only to this athletic season.
- g. *WIAA Regulated Activities*: signature required
- h. *COVID-19 Waiver of Liability*: assumption of risk signatures
- i. *Sport Specific Informed Consent*: signatures required
- j. *WIAA HS Athletic Eligibility*: determination of eligibility
- k. *Concussion Awareness Form*- acknowledgement that student-athlete and parent have read and understand the risks, signs & symptoms and reporting standards associated with Concussions.
- l. *Sudden Cardiac Arrest Awareness Form*- acknowledgement that student and parent have received, read and understand the information presented in the sudden cardiac arrest awareness pamphlet.
- m. *WIAA PPE Physical*: upload physical form here ([MUST BE Form Below](#))

Coaches are responsible for having access to E-cards for every athlete at all practices and competitions.

Any student—athlete who has not filled out and returned the required paperwork will be withheld from all athletic activity (conditioning programs, practices, or games) until they have corrected these deficiencies.

ATHLETIC TRAINING ROOM PROCEDURES

1. Athletic Training Room (ATR) Hours

- a. The ATR will be open after school until approximately 6pm—or until the last home event ends.
- b. From 2:55-3:30pm the primary focus will be practice preparation (taping, heat, etc)
 - i. Athletes will be seen on a first come, first served basis
 - ii. **Emergencies take precedence**
- c. During Fall sports, from 3:30 onward the AT will be at Varsity Football practice or home event venue.
- d. During Winter sports the AT will be in the ATR or home event venue.
- e. During Spring sports the AT will be floating between practices or at home event venue with highest risk of injury.
 - i. Any emergencies will be communicated by Coaches in accordance with the Emergency Action Plan.
- f. The ATR will be open on Saturdays and during Holiday breaks for scheduled home events ONLY.
 - i. ATR will open approximately 1 hour prior to event

2. Athletic Training Room Rules

- a. The ATR will be locked whenever the AT is off-campus or covering another venue.
- b. No one except administration shall be allowed in ATR without permission.
- c. No student-athletes are to be in ATR without direct adult supervision.
- d. No one will allow student-athletes into ATR without direct adult supervision.
- e. No one may use ATR supplies or equipment without express permission of AT.
 - i. Equipment borrowed will be documented on *Equipment Checkout List*
- f. All therapeutic modalities, except ice, must be administered by AT.
- g. The ATR is an equal access facility operating on a first come, first served basis. Exceptions to this rule are:
 - i. Earlier practice time
 - ii. Game prep vs. practice prep
 - iii. In season vs. off season
 - iv. **Emergencies take precedence**
- h. Actions and language should be respectful—no horseplay
 - i. If student-athletes violate this rule they may be asked to leave
- i. Cleats or shoes with mud or grass are not permitted
 - i. In addition, NO SHOES allowed on treatment tables
- j. Backpacks, gear, and other belongings are not allowed in ATR
- k. Athletes must sign in prior to receiving any treatment

3. Water

- a. A cooler of ice water and/or bottles will be provided at each practice to those teams that have requested it.

- b. Water pumpers will be available to the football teams.
- c. Please be sure that all water bottles/equipment provided to you are returned
 - i. Equipment provided is a privilege and lack of returning equipment will result in loss of privileges until returned.
- d. All teams using equipment provided by the AT will follow the “Water Etiquette” rules:
 - i. Never touch water bottle lids or pumper sprayers to mouth
 - ii. Never drink directly out of cooler spigot
 - iii. Never put hands or bottles inside coolers
 - iv. Always refill bottles by using spigot and **never** by dunking bottles into cooler
 - v. Never remove bottle lids and drink directly out of bottle
 - vi. Be respectful of equipment provided
- e. Athletes who are sick should bring their own water bottles to games/practices to decrease spread of communicable diseases.

4. Reporting Injuries

- a. If an athlete is injured during practice or game where AT is not present, it is the responsibility of the athlete **or coach** to report it to the athletic trainer as soon as possible

b. Coaches should not attempt to diagnose or judge severity of injury

- c. It is important to report injuries, even if minor, as soon as possible. “Minor” injuries may be more serious than you think and waiting to report may result in more missed practices/competitions
- d. Any athlete who fails to report an injury assumes all risk for continued participation in practice and competition

5. Injury Treatment Policy

- a. Be sure to report injuries as soon as possible
- b. Treatment and/or rehab will **NOT** be given during practice unless athlete is unable to practice and coach gives permission
 - i. So long as treatment is feasible (enough time)
- c. If an athlete is unable to report during treatment/ATR hours, they will need to make an appointment with AT

6. Athlete use of ATR

- a. Athletes will sign in prior to receiving treatment
- b. Athletes will not leave their belongings in walkways or middle of floor
- c. Athletes will adhere to all ATR rules and signage
- d. Athletes will be respectful to others and equipment
- e. Athletes will clean up after themselves

7. Taping

- a. If an athlete requires taping for protection or prevention of an injury, the athlete must also perform rehab exercises to strengthen area to prevent reoccurrence
- b. No athlete will be taped every day. They will be asked to purchase a protective brace or complete exercises to strengthen the area

8. Protective Equipment

- a. Any athlete who sustains an injury that requires protection of that injury through the use of a fiberglass cast must have clearance by the treating physician to return to activity
 - b. Padding will need to be applied to the cast during competitions. The same rules apply for soft splints that contain metal supports
9. Medical Kits
- a. Every sport will receive a medical kit for use during the season.
 - b. These kits include basic first aid supplies such as band-aids, gauze, nose plugs, gloves, tape, etc.
 - c. If a coach has requests for a specific item they would like in the kit, the athletic trainer will do her best to supply it.
 - d. Coaches are responsible for keeping their kits in a safe place throughout the season **and for letting the athletic trainer know if it needs to be restocked.**
 - e. Coaches will bring kit to every practice and event. Athletes that need to be taped will supply the host athletic trainer with supplies from their medical kit.
 - f. Coaches will return medical kits promptly at the end of their season so that the next season's sports can get them in a timely manner.
10. Documentation
- g. All injuries will be documented using FinalForms medical reports
 - i. This information is confidential and only pertinent information will be given to coaches
 - h. Injuries that occur on campus and disallow the athlete to continue practice/game will also be documented using the *District Incident Report Form* and submitted to the administration.
 - i. Daily Treatment Log
 - i. Athletes are required to sign in prior to treatment
 - ii. Record of daily evaluations/tape/rehab/modalities/etc.
 - j. **Reports to Coaches & Updates**
 - i. AT will attempt to communicate information to coaches as soon as is feasible via in person, email, phone or text
 - ii. Athletes are not expected to relay information regarding participation status to coaches
 - iii. Updates will be communicated verbally or through FinalForms
 - k. Medical Referral
 - i. **Referrals can only be made by the AT**
 - ii. Referrals may be to physician or physical therapist, or other medical professional
 - iii. If a physician referral is made, the athlete will be sent with a *Physician Referral Form* which should be filled out by the physician and brought back to AT

- iv. It is advised that athletes report to AT prior to seeing a physician to decrease risk of missing competition time.
- v. **If an athlete sees a physician without a referral from AT and without a *Physician Referral Form*, they will be required to provide AT with a note from TREATING physician.**

I. Medical Clearance & Return to Participation

- i. Once an athlete sees a physician, clearance for participation must come from TREATING physician, unless physician specifies otherwise
- ii. Clearance notes will **only** be accepted from MD, DO, PA or ARNP
- iii. Written clearance does not guarantee an athlete will be able to immediately return to the highest level of activity in their sport
 - 1. The AT will re-evaluate athlete prior to return, which may include functional testing to determine safe level of return to play
- iv. **Coaches will not accept notes from physician and must communicate with AT before allowing athlete to return to activity**

ADMINISTRATION OF MEDICATIONS

1. The Athletic Trainer is not allowed to administer OTC or other medications.
2. Issaquah School District High School students may carry & self-administer OTC medications ONLY when authorized by parent, nurse and principal
3. Students must have written clearance and medication must be in original container labeled with:
 - a. Student's name, name of medication, dosage and mode of administration, name of licensed health care professional, and no more than a 20 day supply
4. AT does not carry extra site-prescribed medications (Epi-Pen, Inhaler). Athletes who need these devices are encouraged to give one to the AT for emergency use. The AT will assist athlete in administering in an emergency. AT will first verify:
 - a. Prescription, dosage, timing, and expiration date
5. In the event of a catastrophic event (anaphylaxis, insulin shock, diabetic coma), the AT will respond and begin EAP protocol

EVENT COVERAGE

1. Activity Coverage
 - a. **Coaches will give 24 hours notice of practice or event changes or risk limited or no coverage**
2. Practice Coverage
 - a. **The AT will be onsite for most on-campus, scheduled practices.** The athletic trainer will either be in the ATR, floating between practices, or at practice with highest risk of injury.

3. Game Coverage

- a. The AT will be onsite for all on-campus, scheduled home events. If there are multiple events at the same time, the AT will be located at the event with highest risk of injury.

4. Tournament Coverage

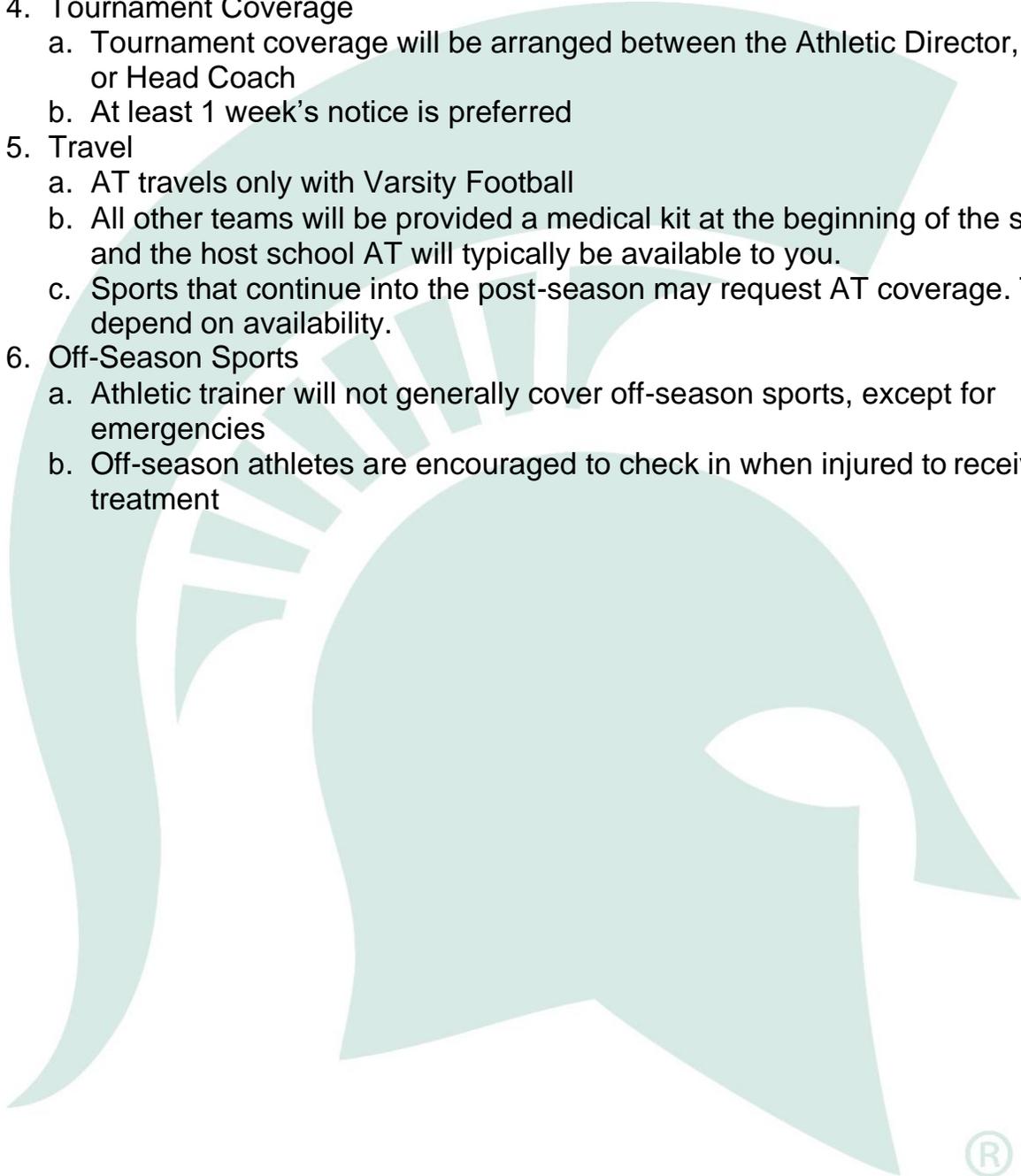
- a. Tournament coverage will be arranged between the Athletic Director, League or Head Coach
- b. At least 1 week's notice is preferred

5. Travel

- a. AT travels only with Varsity Football
- b. All other teams will be provided a medical kit at the beginning of the season, and the host school AT will typically be available to you.
- c. Sports that continue into the post-season may request AT coverage. This will depend on availability.

6. Off-Season Sports

- a. Athletic trainer will not generally cover off-season sports, except for emergencies
- b. Off-season athletes are encouraged to check in when injured to receive treatment



CONCUSSION MANAGEMENT POLICY & PROTOCOL

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|---|---|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Amnesia |
| <input type="checkbox"/> “Pressure in head” | <input type="checkbox"/> “Don’t feel right” |
| <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Fatigue or low energy |
| <input type="checkbox"/> Neck pain | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> Balance problems or dizziness | <input type="checkbox"/> Nervousness or anxiety |
| <input type="checkbox"/> Blurred, double, or fuzzy vision | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Sensitivity to light or noise | <input type="checkbox"/> More emotional |
| <input type="checkbox"/> Feeling sluggish or slowed down | <input type="checkbox"/> Confusion |
| <input type="checkbox"/> Feeling foggy or groggy | <input type="checkbox"/> Concentration or memory problems (forgetting game plays) |
| <input type="checkbox"/> Drowsiness | <input type="checkbox"/> Repeating the same question/comment |
| <input type="checkbox"/> Change in sleep patterns | |

Signs Observed by Teammates, Coaches, and Parents may include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

Education & Compliance

Athletic Department Personnel

All athletic department personnel (Coaches, athletic director, etc) are required to complete concussion education training annually. This training includes information on signs & symptoms of concussion/MTBI. Coaches will educate their athletes on the signs and symptoms of concussion and encourage athletes to notify a coach or athletic trainer if they or a teammate exhibits signs of a concussion.

Coaches will immediately remove from participation any athlete who is suspected of sustaining a concussion or MTBI. They will not allow the athlete to return to participation until the athlete has received written clearance from a licensed health care provider **trained** in the evaluation and management of mild traumatic brain injuries/concussions and has completed all return to play protocols.

Parents and/or Guardians

Parents will be required to annually review and sign the *Concussion Information Sheet* as part of the sports registration process prior to athlete's participation in athletics/activities. Parents are also **REQUIRED** to report any and all concussions athlete previously sustained in the medical history portion of the registration.

Athletes

Athletes will be required to annually review and sign the *Concussion Information Sheet* as part of the sports registration process prior to participation in athletics/activities. They are also encouraged to notify a coach or athletic trainer if they or a teammate exhibit signs or symptoms of a concussion/brain injury.

Baseline Concussion Testing

Baseline concussion testing is not offered by the Issaquah School District. However, there are many places in the community student athletes can have baseline testing done. It is highly recommended that athletes participating in high-risk sports such as football, soccer, basketball, cheer, wrestling, gymnastics, volleyball, dive, and pole vault be baseline tested. Contact the athletic trainer for more information.

Concussion Management Protocol

In May 2009, Washington State enacted the Zackery Lystedt Law, becoming the first state in the nation to enact a comprehensive youth sports concussion safety law.

The key provisions of the law are as follows:

1. *Guidelines/Education*-requires all school districts to develop concussion guidelines and educational programs
2. *Mandatory Consent*- Requires youth athletes and parent/guardian to annually review, sign and return a concussion information sheet prior to athlete's participation in athletics/activity.
3. *Immediate Removal if Concussion Suspected*-athletes suspected of sustaining a concussion must immediately be removed from participation

4. *Written Clearance before Return*-athletes removed from play due to a suspected concussion may not return to play until they have been *evaluated* by a licensed health care provider *trained in the evaluation and management of concussion*, and have *written clearance* from that health care provider

In the event an athlete sustains a concussion, the following steps will be taken to ensure the highest level of care:

1. The athlete will immediately be removed from practice/competition.
2. The athletic trainer will complete an initial assessment.
 - a. If the athletic trainer is not present, the coach will communicate the injury to the athletic trainer via phone or email.
 - i. If an away competition, make every effort to find the host athletic trainer who can perform an assessment.
3. The parent/guardian will be notified via phone and the athlete will be sent home with a *Home Instructions for Concussion Packet*.
4. If concussion is severe, athlete may need to be sent to urgent care or emergency room, or referred to a physician.
5. Athletic trainer will notify Nurse/Health Office and athlete’s teachers and counselors via email to inform them of how a concussion may affect the athlete in class.
6. Our school nurse will set up a meeting with the student-athlete and manage the return-to-learn process, keeping the AT informed.

Athlete will be restricted from participation in all physical activity including practice, competition and physical education class until written clearance is given by athletic trainer or other licensed health care provider *trained in management of concussions*, and athlete completes the Return to Play protocol outlined below.

Once the athlete is 24 hours symptom free, but prior to starting Return to Play activities, the athlete will undergo another assessment to make sure neurocognitive and balance systems are functioning properly.

Return to Play Protocol:

STEP	FUNCTIONAL EXERCISE	OBJECTIVE
1. No activity	Physical and mental rest. May need to be excused from school if recommended by physician and athletic trainer.	Recovery
2. Light aerobic exercise	Walking, light swimming, stationary bike, heart rate <70% maximum	Increase heart rate
3. Sport specific exercise	Jogging, running drills without contact, push-ups, sit-ups, jumping jacks	Add movement
4. Non-contact drills	More complex training drills, may start resistance training	Exercise, coordination, and cognitive load
5. Full contact practice	Full practice	Restore confidence
6. Return to Play	Game play	

Only 1 step will be completed each day. If the athlete experiences *any* symptoms during any of the RTP steps, they will be removed from that activity and repeat the same step the following day.

In the event that an athlete's concussion symptoms worsen or do not improve after 5 days the athlete will be referred to a physician for further medical evaluation and given a *Concussion Referral Form* to be filled out and returned.

Only once the athlete has fully returned to schoolwork, completed the return to play protocol in full, and received written clearance either from the athletic trainer or another licensed healthcare provider *trained in concussion management* will they be allowed to return to full participation.

Clearance notes *will NOT* be accepted from the emergency room or urgent care. Letters from ER or urgent care will only serve to rule out serious brain injury and release athlete to AT or other physician's care.

THE ATHLETIC TRAINER RESERVES THE RIGHT TO HAVE THE FINAL SAY IN ALL RETURN TO PLAY DECISIONS

AT NO TIME WILL A COACH MAKE A RETURN TO PLAY DECISION

THIS CONCUSSION MANAGEMENT POLICY IS NOT ALL-INCLUSIVE, AND THE ATHLETIC TRAINER RESERVES THE RIGHT TO ALTER THE POLICY AT ANY TIME AS SHE SEES FIT TO PROTECT THE ATHLETE



ENVIRONMENTAL CONSIDERATIONS

1. Heat Related Issues & Hot Temperatures

- a. Extreme heat & humidity can adversely affect an athlete's performance and in some instances pose a serious health risk. Therefore, it is important to take the proper precautions to help prevent heat related injuries when athletic events take place during days with high ambient temperature and relative humidity. Heat injuries are preventable. Exercising common sense and adhering to the following recommendations can hold heat injuries to a minimum.
- b. Activity in hot or humid environments can easily cause a number of heat related illnesses, such as heat cramps, heat exhaustion, heat rash (or prickly heat), heat syncope (heat collapse), and heat stroke (which can be fatal).
- c. Athletic department personnel should follow the below recommendations when there are high temperatures with or without humidity:
 - i. Encourage teams to practice in the morning or evening, avoiding midday
 - ii. Encourage liberal consumption of fluids and water breaks during practice, about every 10-15 minutes. An electrolyte drink should be consumed during or immediately following practice.
 - iii. Shade and dry clothing should be available to athletes and staff throughout practice or competition.
 - iv. Protective gear, dark clothing, and wet clothing become virtual ovens during activity in high heat index periods
 - v. Encourage liberal use of sunblock with SPF 30 or higher.
 - vi. Encourage helmeted athletes to remove helmets while not actively participating in practice/competition, to allow their heads to cool.
 - vii. Consider a "no pads" practice to decrease likelihood of heat illness.
 - viii. Carefully monitor athletes, especially those recovering from illness or who have a condition that makes them more susceptible to the heat.
- d. The athletic trainer will monitor the weather using a wet bulb globe thermometer (WBGT)
- e. The athletic trainer will utilize the following table with regards to WBGT and recommendations for activity restrictions:

GUIDANCE FOR ATHLETIC TRAINERS			
WBGT	FLAG COLOR	LEVEL OF RISK	COMMENTS
<18°C (<65°F)	Green	Low	Risk low but still exists on the basis of risk factors.
18-23°C (65-73°F)	Yellow	Moderate	Risk level increases as event progresses through the day.
23-28°C (73-82°F)	Red	High	Everyone should be aware of injury potential; individuals at risk should not compete.
>28°C (82°F)	Black	Extreme or Hazardous	Consider rescheduling or delaying the event until safer conditions prevail; if the event must take place, be on high alert.

- f. In the event an athlete suffers from heat cramps, heat syncope, heat exhaustion, heat stroke or hyponatremia the following protocol will be followed:

- i. Heat Cramps
 1. The athlete should stop all activity, replace lost fluids with sodium-containing fluids, and begin mild stretching with massage of muscle spasm.
- ii. Heat Syncope
 1. The athlete will be moved indoors, or to a shaded area, with legs elevated. Vital signs will be monitored and athlete should begin rehydration.
- iii. Heat Exhaustion
 1. Core body temperature will be measured orally. Cognitive function and vital signs will be assessed. Excess clothing and uniforms will be removed. The athlete will be moved to athletic training room where ice water immersion will begin. Fluid replacement will begin at this time. Transfer to physician's care will be facilitated if recovery is not rapid and uneventful.
- iv. Heat Stroke
 1. Core body temperature will be measured orally. Cognitive function and vital signs will be assessed. Excess clothing and uniforms will be removed. The athlete will be moved to athletic training room where ice water immersion will begin. Fluid replacement will begin at this time. EMS will be activated per the EAP. Athlete will not be transported until adequately cooled. Cognitive function and vitals will be monitored. The athlete will need clearance from physician to return to activity.
- v. Hyponatremia
 1. Differentiation between hyponatremia and heat stroke will be made. If hyponatremia suspected, immediate activation of EMS per the EAP. The athlete SHOULD NOT be given fluids until physician consultation. The athlete will need clearance from physician to return to activity.

g. Recommendations for Fluid & Electrolyte Replacement

- i. Drinks such as coffee, tea, soft drinks, or anything containing caffeine should be avoided, as they are diuretics (increase urination).
- ii. Hydration before, during, and following exercise should be HIGHLY encouraged (entire season, not just hot temps).
- iii. Athletes should consume approximately 16-20oz of water or sports drink 2-3 hours prior to exercise, and another 6-10oz 10-20 minutes prior to exercise.
- iv. During exercise, approximately 6-10oz of fluid should be consumed every 10-20 minutes.
- v. Post-exercise, approximately 24oz of fluid should be consumed for each pound lost. This can be determined by weighing in before and after practice.
- vi. The easiest method to determine hydration level is by examining the color of the urine. If properly hydrated, the urine should be clear to light yellow. Darker urine indicates poor hydration.

1. Cold Related Illness & Cold Temperatures

- a. Cold environments can cause injury as well. Prolonged exposure to moderate or extreme cold temperatures combined with wind chill, can cause severe permanent tissue damage
- b. Cold injuries range from frostnip to three varieties of frostbite. These are:
 - i. *Chilblains*-swelling, redness, tingling, numbness, stinging sensation in fingers/toes
 - ii. *Superficial Frostbite*- skin appears hard, pale, and waxy to the touch; skin may feel warm to athlete
 - iii. *Deep Frostbite*- extreme medical emergency, permanent tissue damage is possible
- c. Athletic department personnel and athletes should do the following in cold conditions:
 - i. Cover head, neck, and hands.
 - ii. Dress in layers
 - iii. Encourage fluid consumption during activity. Dehydration can still occur in cold temperatures.
 - iv. Discourage warm liquid consumption during activity. They can increase perspiration levels.
 - v. Discourage activity in sleet and/or snow.

2. Lightning Safety

- a. In accordance with the “National Athletic Trainers’ Association Position Statement: Lightning Safety for Athletics and Recreation” 2013, the athletic trainer will adhere to the following protocol:
 - i. Flash-to-Bang Method**
 1. Begin counting on the lightning strike and stop counting when the associated thunder is heard
 2. Divide the number (in seconds) by 5 to determine the distance (in miles) to the lightning flash. For example: *If the time in seconds between the lightning and thunder is equal to 30, divide that number by 5 and you get 6 (30/5=6). Therefore the lightning flash is approximately 6 miles away.*
 - ii. At the first sign of lightning, athletes, coaches, and spectators should seek a safe structure as outlined in the “Designated Lightning Shelter Areas” section of this document. By the time the flash-to-bang count approaches 30 seconds (or is less than 30 seconds), all individuals should already be sheltered or should immediately seek shelter.
 - iii. Once activities have been suspended, there will be at least a 30-minute wait after the last sound of thunder or flash of lightning before resuming activity or returning outdoors. Each time lightning is observed or thunder heard, the 30-minute clock will be reset.
- b. Designated Lightning Shelter Areas by Venue
 - i. Baseball/Softball/Upper Fields: Athletes and coaches should take shelter inside Skyline High School. Spectators should take shelter in either Skyline High School or their vehicles.

- ii. Tennis Courts: Athletes and coaches should take shelter inside Skyline High School. Spectators should take shelter in either Skyline High School or their vehicles.
- iii. Stadium/Track: Athletes and coaches should take shelter inside stadium team rooms or Skyline High School. Spectators should take shelter in either Skyline High School or their vehicles.
- c. In the absence of the initial choice for shelter, the secondary shelter would be a fully enclosed vehicle with windows closed. Do not touch any part of metal framework.
- d. If there is no safe shelter within a reasonable distance, assume a crouched position on the ground with weight on balls of feet in an effort to minimize contact with the ground. DO NOT LIE FLAT

EATING DISORDERS

1. An athlete can be faced with the paradox of eating for health and performance and eating to maintain weight or body fat. Emphasis on body weight or body fat may benefit performance if the guidelines for proper weight are based on sound and reasonable principles.
2. Recognizing an athlete struggling with an eating disorder is not easy and often the athletic trainer will rely on coaches or other athletes notifying her concerning a troubled athlete. It must be noted that not all victims of an eating disorder are female.
3. Some of the warning signs for eating disorders are:

<ul style="list-style-type: none"> a. Binge eating followed by vomiting b. Use of laxative and/or diuretics c. Obsession with weight or body image d. Severe weight loss or continual weight loss e. Not eating in public 	<ul style="list-style-type: none"> f. Exercising in response to eating g. Yellowing teeth h. Foul breath i. Poor gum health j. Decrease in performance k. Strict diets
--	--
4. Since eating disorders are a psychological disease and not purely physical, it is important for the athletic trainer to know their limitations when approaching and helping an athlete with a suspected eating disorder. The treatment must be a team approach between the athlete, coach, athletic trainer, (team) physician, and school psychologist. It is important to establish the responsibilities of the members of this Eating Disorder Response Team.
 - a. Athletic Trainer
 - i. Acts as liaison between team members and athlete
 - ii. Coordinates Eating Disorder Response Team procedures
 - iii. Monitors daily status of athlete and ensures compliance with team recommendations
 - iv. Maintains appropriate documentation
 - b. (Team) Physician
 - i. Assesses and monitors medical status of athlete
 - ii. Diagnoses eating disorders and refers athlete to the appropriate specialists
 - iii. Makes decisions regarding participation.
 - c. School Psychologist

- i. Conducts initial assessment
- ii. Develops treatment recommendations
- iii. Addresses related underlying issues related to weight and body that are driving the disorder.

ANABOLIC STEROIDS & PERFORMANCE ENHANCING DRUGS

1. Use of anabolic steroids or other performance enhancing drugs is highly discouraged and prohibited by the National Federation of State High School Associations (NFHS), Washington Interscholastic Athletics Association (WIAA), and the Issaquah School District. The possession and use of anabolic steroids is illegal.
2. Coaches and parents should never encourage or allow doping of any kind, including diuretics, erythropoietin, creatine, stimulants or other drugs not approved by the FDA.
3. Penalties for use, possession or selling of controlled substances, such as anabolic steroids, may include ineligibility for the sports season, the entire year, or permanent high school ineligibility.
4. Health risks associated with anabolic steroid use and other performance enhancing drugs include, but are not limited to: heart disease, liver disease, psychiatric disorders, high blood pressure, breast development in males, masculinization in females, infertility, menstrual changes, aggressive behavior, severe acne, inhibited growth and potentially death.
5. Any suspicion of use of steroids or other performance enhancing drugs should be promptly reported to the athletic trainer or athletic administrator.

ASTHMA

1. Asthma is a common respiratory disease that is characterized by intermittent episodes of constriction of the airways (bronchial spasm).
2. Signs & symptoms of an asthma attack include coughing, wheezing and shortness of breath.
3. Athletes who have been diagnosed with asthma should have an Asthma Action Plan on file with the school nurse.
4. If the athlete requires the use of an inhaler, they should keep it with them at all practices and competitions. It's recommended athletes give the AT a back-up as well.
5. A severe asthma attack in which the athlete's condition is not improved by use of their inhaler should be considered a medical emergency and EMS should be activated per the EAP.

DIABETES

1. Diabetes is a metabolic disease that results from a lack of insulin, or ability to regulate insulin. There are 2 types of diabetes:
 - a. *Type I (insulin dependent)*-the body is unable to produce insulin; therefore the body is unable to absorb sugar (glucose) from the blood.
 - i. Can be controlled by monitoring blood glucose levels and insulin injections by pump.
 - b. *Type II (Non-insulin dependent)*-occurs when body still produces insulin but is not able to regulate it properly.
 - i. Can be controlled through oral medications, proper diet, and exercise.

- c. Athletes diagnosed with diabetes should have a Diabetes Action Plan on file with the school nurse and should regularly monitor their blood glucose levels, especially during and following exercise.
- d. Insulin shock and diabetic coma are medical emergencies and EMS should be activated per the EAP.

HEART CONDITIONS

1. There are a multitude of heart conditions that athletes may suffer from. In most cases, they are not so serious that they limit participation in sports. Any limitations will be determined by a physician during the pre-participation physical exam and noted on the athletes *E-Card*
2. It is *vital* that coaches and athletic training staff know which athletes suffer from heart conditions and obtain any and all information regarding the condition.
3. Prior to the start of the season coaches & athletic training staff should review each athletes *E-Card* and note any cardiac issues (or other health concerns). These issues should be briefly discussed with athletes and, preferably, parents.
4. It is especially prudent for coaches with athletes who have a history of heart issues to know where the nearest AED to their practice or competition venue is located. This information can be found in the *Emergency Action Plan*.
5. Coaches, parents and students are also required to review and understand the Sudden Cardiac Death (SCD) information in the Athletic Handbook.

SPECIAL CONSIDERATIONS

1. Assessing Body Composition in Wrestlers
 - a. To most effectively determine minimal wrestling weights and to monitor appropriate weight loss in wrestlers, Skyline High School will abide by the Washington Interscholastic Activities Association Wrestling Weight Management Policy. In accordance with this policy all prospective wrestlers must undergo a skinfold measurement to assist in determining their respective minimal body weights.
 - b. The above process also entails acquiring a urine sample for the purpose of determining proper hydration prior to obtaining the skin fold measurements.
 - i. The urine sample will be collected and tested under standard collection protocols.
 - ii. Testing for specific gravity will be the **ONLY** test performed on this sample. No testing for drugs, alcohol, performance enhancing substances, etc.
 - iii. Following testing the sample will be promptly disposed of.
 - iv. This test is used solely to determine proper hydration to ensure the safety of our student-athletes.
2. Skin Infections in Wrestlers
 - a. Skin conditions are a common, but preventable occurrence among athletes, particularly wrestlers.

- b. These infections can be caused by bacteria, fungi, and viruses and can be transmitted by direct (skin-to-skin) and/or indirect (person to inanimate object to person) contact.
- c. Prevention and proper infection control can help minimize the spread of infection, such as:
 - i. Good hygiene practices
 - ii. Cleaning and disinfecting all equipment including mats, headgear and clothing after EVERY practice or competition.
 - iii. Not sharing towels, clothing, or other personal items
- d. In most cases, fungal or viral skin infections can be easily covered with a bandage to allow for participation. Open wounds and infectious skin conditions that cannot be covered will be cause for disqualification from practice.
- e. In most cases, skin conditions may not simply be covered during competition, except when the condition has been treated for a certain amount of time and is no longer deemed contagious.
- f. Any suspicious looking lesion will be required to be evaluated by the athletic trainer and referred to a physician or dermatologist if needed.
- g. If the wrestler is examined for a lesion, they must have a physician complete and sign a *NFHS Physician Release for Wrestler to Participate with Skin Lesions* form. A copy will need to be supplied to the officials prior to competition.

3. Considerations for Fasting Athletes

- a. Athletes may fast for several reasons, primarily Ramadan, a month of fasting observed by Muslims. During this month, the athlete will not eat or drink (including water) from sunrise to sunset.
- b. This presents some obvious concerns during training sessions. Dehydration and low blood glucose being the primary concerns.
- c. Special consideration should be given to fasting athletes and they should be monitored closely during training sessions for signs of dehydration and/or low blood sugar. Athletes should be given breaks if needed during training.
- d. Ramadan will be in late spring and early Summer for the next few years, so Spring sports coaches and Spring football coaches should be sure to know if any of their athletes are fasting.

More information can be found here: [Recommendations for Training During Ramadan](#)

RISK MANAGEMENT & SAFETY POLICY

- 1. All athletic training personnel must adhere to the following risk management procedures:
 - a. Report faulty equipment immediately
 - b. Dangerous materials (solvents, cleaners, chemicals) must be stored no higher than 2 feet. These should be in OSHA approved containers and in a cabinet. These cabinets should be locked.
 - c. If product precautions recommend using eye protection, masks, ventilation or other personal protective equipment, athletic training personnel are responsible for abiding by them.
 - d. Never place equipment in an unsafe proximity to athletic practices or events.
 - e. Items weighing more than 10 pounds should not be stored higher than 4 feet.

- f. Thoroughly clean and dry spills created by athletes or staff within the athletic training room. Wet floor signs should be posted until area is completely dry.
- g. Use proper lifting techniques and get assistance for heavier items.
- h. Use caution when disposing of medical sharps (i.e. needles or scalpel blades). Disposal should be in an OSHA approved sharps container.
- i. Use proper personal protective equipment (PPE) when dealing with any potential infectious waste contamination situation
- j. Dispose of soiled objects in biohazard containers
- k. Be familiar with the location and proper use of fire alarms and extinguishers in the area.
- l. Be familiar with all evacuation plans.
- m. Report athletic playing surface hazards to proper personnel immediately (athletic director and/or operations manager). If the hazard is potentially dangerous, no one should be allowed to use the surface until repaired.
- n. Use assistance when lifting or transporting an injured athlete.
- o. Work closely with coaches and equipment manager, to ensure safety of all required protective athletic equipment. All equipment should meet required national standards and be in good working condition. Athletes should never be allowed to modify equipment, as it may void any claim of manufacturer's negligence if an athlete is injured as a result of faulty equipment.
- p. Annual reconditioning of athletic equipment is the responsibility of the coaching staff.

2. Playing Conditions Policy

- a. The athletic trainer may make safety checks of all playing surfaces prior to use.
- b. Athletic playing surfaces may present such issues as pot holes, large rocks, broken glass, old nails, forgotten equipment, loose boards, gaps or tears in artificial surfaces, as well as faulty or out dated equipment
- c. In combination with the operations manager, coaching staff and athletic director, athletic training personnel should check for the above hazards on a regular basis. Coaches are encouraged to do daily checks of playing surface for obvious hazards.
- d. Discovered hazards should be reported to the operations manager or athletic director immediately.

3. Bite, Sting and Exposure Recommendations

- a. Any personnel or athlete who has been bitten, stung or exposed to dangerous chemicals or diseases should begin immediate first aid procedures.
- b. Note the type of insect, animal or substance affecting the victim if possible.
- c. If victim is stable, call Poison Control at **1-(800)-222-1222** if necessary, and contact victim's emergency contact located on their *E-Card*
- d. If victim is unstable, initiate EMS per the EAP.

4. Blood-Borne Pathogens and Universal Precautions

- a. Universal precautions are strictly followed in both the athletic training room and on the field. Coaches should also practice universal precautions when dealing with injury situations involving blood.
- b. These universal precautions include the following:

- i. When treating an injury involving open skin, mucus membranes, blood, or body fluids be sure to wear disposable latex gloves. Gloves must be changed after contact with each athlete. This protective equipment should be discarded in a biohazard bag after use.
 - ii. Wash hands thoroughly with soap and warm water immediately after exposure to blood or body fluids, even if protective gloves have been used.
 - iii. Clean all surfaces that have been exposed to blood or body fluids with a solution consisting of 1 part chlorine bleach to 10 parts water (1:10) or an approved antimicrobial disinfectant.
 - iv. All existing wounds, abrasions, or cuts that can serve as a source of bleeding, or as a port of entry for blood borne pathogens, must be covered with an occlusive dressing that can withstand the demands of competition.
 - v. Dispose of any sharp objects such as needles or scalpel blades in a specially designed sharps container. This container should be red and clearly marked as biohazard material.
 - vi. Dispose of all contaminated materials (bandages, gauze, gloves, etc.) in a specially marked biohazard waste can.
 - vii. During competition and practice, if an athlete is bleeding, he/she must be removed from the practice or game as quickly as possible. Once the athlete has been removed, the bleeding should be stopped and the open wound covered with an occlusive dressing that can withstand the rigors of competition. Athletes with blood on their uniform must be removed from competition until the uniform can be disinfected. Uniforms that have been saturated with blood should be removed and changed before the athlete can return to competition.
- c. Accidental Exposure
- i. Any athletic department personnel that feels they may have been exposed to a patient's bodily fluids should immediately do the following:
 1. If the exposure involves a wound, it should be cleaned thoroughly for at least 5 minutes.
 2. Report the possible exposure to the athletic trainer. An incident report must be filled out.
 3. The exposed individual should report to a nearby hospital for testing, and treatment (if needed).
 4. If possible, the patient should be tested for Hepatitis A, B, and C, tuberculosis and HIV.
 5. The confidentiality rule will be in effect for any cases involving possible exposure situations.

COMMUNICATION METHODS & EQUIPMENT

1. Forms of communication that are utilized by the athletic trainer include landline phones, cell phones, e-mail, letters, faxes and face-to-face conversations.

2. Communication between athletic trainer and Coach

- a. Athletic training personnel are encouraged to use the following criteria to maintain a strong professional working relationship with Coaches:

- i. Provide the coaching staff with the most accurate and prompt injury/illness reports possible
 - ii. Never get involved in coach/athlete disputes.
 - iii. Never get involved in team-related issues (i.e. negative statements made by players or coaches, or coach/player disputes). Athletic training personnel should discourage these conversations.
 - iv. Abide by any team policies that directly affect them.
 - b. Coaches are expected to communicate with athletic trainer on a regular and timely basis regarding the following:
 - i. Schedules: coaches will communicate changes to practice/game schedules as soon as possible or risk no coverage by the athletic trainer
 - ii. Injuries: coaches will communicate any and all injuries to athletic trainer within 24 hours
 - iii. Coaches will NEVER attempt to evaluate, treat, diagnosis or judge severity of injury outside of first aid. All injuries should be referred to athletic trainer.
3. Communication between athletic trainer and Parent/Guardian
- a. It is vital that the athletic trainer effectively communicates with parents/guardians regarding their child.
 - b. In the event of a non-emergency injury, the athletic trainer will notify the parent/guardian via email and FinalForms medical report
 - c. In the event of a non-emergency injury that requires medical referral, the athletic trainer will notify the parent/guardian via phone or email
 - d. In the event of an emergency, the parent or guardian will be notified per the *Emergency Action Plan*. Follow up from the athletic trainer will be made via phone.
 - e. If injury occurs at a competition where the parent/guardian is present, the athletic trainer will discuss the injury with the parent/guardian in-person.

EMERGENCY ACTION PLANS

See separate *Emergency Action Plan* document.



APPENDIX

1. Sports Eligibility Packet
 - a. Physical Form (signature page)
 - b. Concussion Information Sheet
 - c. Sudden Cardiac Arrest Information Sheet
2. ISD Incident Report Form
3. Physician Referral Form
4. Concussion Referral Form
5. Concussion Management Packet
 - a. Concussion Management Packet
 - b. Concussion Clearance Form
 - c. Post-Concussion Symptom Inventory
6. SCAT 5

REFERENCES

- http://dbhs.wvusd.k12.ca.us/apps/pages/index.jsp?uREC_ID=331606&type=u&pREC_ID=402629
- www.nata.org
- <http://www.nfhs.org/>
- www.wiaa.com
- <http://www.issaquah.wednet.edu/family/sports/HSsports>

Physical Evaluation

(High School)

Issaquah School District

Name: _____ Gender: Male Female Age: _____ Date of Birth: _____

- Cleared for all sports without restrictions
- Not cleared
 - Pending further evaluation
 - For any sports
 - For certain sports _____

Reasons/Recommendations:

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If condition arises after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Physician Sign and Date Here

Exam Date: _____
Name of Physician: _____
Address: _____
Phone _____
Physician Signature: _____ MD or DO

Physician Stamp

EMERGENCY INFORMATION:

Allergies _____

Other Information _____



Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
 - Vacant facial expression
 - Confused about assignment
 - Forgets plays
 - Is unsure of game, score, or opponent
 - Moves clumsily or displays incoordination
 - Answers questions slowly
 - Slurred speech
 - Shows behavior or personality changes
 - Can’t recall events prior to hit
 - Can’t recall events after hit
 - Seizures or convulsions
 - Any change in typical behavior or personality
 - Loses consciousness
- Adapted from the CDC and the 3rd International Conference on Concussion in Sport



Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns too soon?

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 fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/headsup/youthsports/index.html>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport

Document created 6/15/2009

Sudden Cardiac Arrest

Information Sheet for Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

SCA is also the leading cause of sudden death in young athletes during sports

What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm. !

Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!



**Cardiac
3-Minute
Drill!!**

1. RECOGNIZE

Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives



**Be Prepared!
Every Second
Counts!**

INCIDENT/ACCIDENT REPORT FORM

THIS FORM DOES **NOT** COMPLY WITH RCW 4.96.020 FOR THE FILING OF A CLAIM FOR DAMAGES

FORM INSTRUCTIONS This form to be completed **by DISTRICT PERSONNEL ONLY**. Do not allow student or parents /injured party to complete. Do not use this form to report employee (on the job) injuries. Complete and forward this form to the Business Office at earliest opportunity. Send supplemental information under separate cover if necessary. Remember to report all District property theft and vandalism claims to law enforcement also. **THIS FORM MUST BE SUBMITTED WITHIN 24 HOURS OF THE INCIDENT/ACCIDENT.**

INFORMATION: **Issaquah School District** SCHOOL NAME: _____ COMPLETED BY: _____

CONTACT _____ PHONE NUMBER _____

DATE OF INCIDENT/ACCIDENT _____ TIME _____ AM/PM INJURY VEHICLE PROPERTY DAMAGE/Loss (non-vehicle)

LOCATION CLASS PLAYGROUND GYM LABORATORY SHOP OFF-PREMISES OTHER SPECIFY _____

DESCRIPTION OF INCIDENT/ACCIDENT/DAMAGE _____

WITNESS(ES) _____ PH# _____

IDENTIFY AGENCY CALLED TO SCENE (police fire etc.) _____ REPORT# _____

INJURIES (complete separate form for each injured individual)

NAME _____ STUDENT/OTHER (do not use for employees)

ADDRESS LAST FIRST Middle GENDER Date of Birth (mmddyyyy) GRADE

STREET CITY ZIP CODE

NAME OF PARENT/GUARDIAN (if applicable) HOME PH

ADDRESS OF PARENT WORK PH

PART OF BODY INJURED TYPE OF INJURY (e.g., cut, burn) CELL PH

EXTENT OF INJURY (e.g., minor, severe) NO. OF SCHOOL DAYS LOST

NAME OF PERSON IN CHARGE AT TIME OF ACCIDENT TITLE PHONE#

ACTION TAKEN / BY WHOM / WHEN PRESENT AT SCENE? YES NO

SENT TO SCHOOL NURSE SENT HOME 911 CALLED SENT TO HOSPITAL / DOCTOR IF STUDENT, ACCIDENT INS. YES NO

NON-VEHICLE PROPERTY DAMAGE / LOSS

PROPERTY DESCRIPTION / DAMAGE SER#

OWNER EST. Loss \$

ADDRESS PHONE DIST. EMPLOYEE YES NO

DAMAGE TO DISTRICT VEHICLE / OR OTHER VEHICLE (attach state accident report if available) WORK

DISTRICT VEHICLE TO/FROM SCHOOL PARKING LOT OTHER YR MAKE MODEL

1 yr.# VIN#

DRIVER NAME HOME PHONE WORK PHONE

DESCRIBE DAMAGE EST. Loss \$

CITATION / VIOLATION DISTRICT DRIVER OTHER DRIVER

OTHER VEHICLE YR MAKE MODFL Li"#"# VIN#

NAME

OWNER / ADDRESS PHONE

DRIVER (if not owner) / ADDRESS PHONE

DESCRIBE DAMAGE

OTHER VEHICLE INSURANCE CO. POLICY#

INSURANCE AGENT / ADDRESS PHONE#

Principal Signature _____ **Dare Signed** _____

**SKYLINE HIGH SCHOOL
ATHLETIC TRAINING
MEDICAL REFERRAL**

Athlete: _____ Date of Referral: _____

Sport: _____ Date of Injury: _____

Impression of Injury: _____

Comments: _____

*Please complete this form and have it returned to me/athlete to ensure that this athlete will receive the care that you have indicated. This will become a part of the student's medical record.

Thank you,

Megan Swartz, LAT,
ATC P:425-837-7896
F: 425-837-7705

PHYSICIAN'S REPORT

Diagnosis: _____

Rehabilitation Referral Indicated: Y or N

Clearance Status:

_____ Athlete may return to participation on _____.

_____ Athlete may not return to participation until further notice.

_____ Athlete may return to participation at the discretion of the Athletic Trainer.

_____ Athlete may return to participation with the following restrictions/limitations:

Comments: _____

Physician's Name: _____

Physicians Signature: _____

CONCUSSION MANAGEMENT PACKET

Recommendations for monitoring symptoms at home:

What should I do when I'm recovering?

Physical and mental rest are very important to your recovery. Keep your heart rate low and do not do any physical activity until instructed by a doctor or athletic trainer. Try to avoid long bouts of activities that require intense concentration and thinking. Also avoid using computers or cell phones, and minimize television use, as these things may increase symptoms.

It is okay to:

- Take TYLENOL (acetaminophen) after first 24 hours. No NSAIDs.
- Use ice pack on head/neck
- Return to school (unless instructed not to)
- Go to sleep (no need to wake athlete up every hour)

Do not:

- Take aspirin, NSAIDs, or sleep aids
- Drink alcohol
- Eat spicy foods
- Exercise (No physical activity until instructed)

The following may increase symptoms:

- Computer/phone/television screens
- Loud music/events (sporting events)
- Prolonged periods of concentration (homework, studying, reading, etc)
 - o Take frequent study breaks to avoid increasing symptoms

What could happen if I return to play too early/play with a concussion?

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.

Report to the athletic training room on/at _____ for follow up evaluation.

Specific Recommendations: _____

Please feel free to contact me if you have any questions.

I can be reached at: (425) 837-7896 or swartzm@issaquah.wednet.edu

Megan Swartz, LAT, ATC _____ Date: _____

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear.

Symptoms may include one or more of the following:	
<input type="checkbox"/> Headaches <input type="checkbox"/> “Pressure in head” <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Neck pain <input type="checkbox"/> Balance problems or dizziness <input type="checkbox"/> Blurred, double, or fuzzy vision <input type="checkbox"/> Sensitivity to light or noise <input type="checkbox"/> Feeling sluggish or slowed down <input type="checkbox"/> Feeling foggy or groggy <input type="checkbox"/> Drowsiness <input type="checkbox"/> Change in sleep patterns	<input type="checkbox"/> Amnesia <input type="checkbox"/> “Don’t feel right” <input type="checkbox"/> Fatigue or low energy <input type="checkbox"/> Sadness <input type="checkbox"/> Nervousness or anxiety <input type="checkbox"/> Irritability <input type="checkbox"/> More emotional <input type="checkbox"/> Confusion <input type="checkbox"/> Concentration or memory problems (forgetting game plays) <input type="checkbox"/> Repeating the same question/comment

Signs Observed by Teammates, Coaches, and Parents may include:	
<input type="checkbox"/> Appears dazed <input type="checkbox"/> Vacant facial expression <input type="checkbox"/> Confused about assignment <input type="checkbox"/> Forgets plays <input type="checkbox"/> Is unsure of game, score, or opponent <input type="checkbox"/> Moves clumsily or displays incoordination <input type="checkbox"/> Answers questions slowly	<input type="checkbox"/> Slurred speech <input type="checkbox"/> Shows behavior or personality changes <input type="checkbox"/> Can’t recall events prior to hit <input type="checkbox"/> Can’t recall events after hit <input type="checkbox"/> Seizures or convulsions <input type="checkbox"/> Any change in typical behavior or personality <input type="checkbox"/> Loses consciousness

If any of the following occur, consult a physician, or go to the Emergency Room immediately:	
<input type="checkbox"/> Repeated vomiting <input type="checkbox"/> Loss of consciousness or unable to stay awake during normal hours <input type="checkbox"/> Becoming more confused, restless or agitated. <input type="checkbox"/> Convulsions or seizures <input type="checkbox"/> Difficulty with your vision <input type="checkbox"/> Slurred speech	<input type="checkbox"/> Headache that gets worse or does not go away. <input type="checkbox"/> Unequal pupil sizes <input type="checkbox"/> Bleeding or drainage from ears or nose <input type="checkbox"/> Unusual sounds in the ear <input type="checkbox"/> If previous symptoms become much worse.

CONCUSSION MANAGEMENT PACKET

Return to play Protocol

1. Athlete and parent/guardian sign the **Concussion Clearance Form**, indicating they have read and understand: the signs and symptoms of a concussion, what happens if returned to sports too soon, and the 5-step Return to Play protocol.
2. Athlete and parent/guardian will complete the **Post-Concussion Symptom Inventory** on a daily basis until the athlete returns to be seen by the athletic trainer. This will continue until athlete is *completely* asymptomatic.
3. **Once symptom free**, the athlete will undergo another SCAT5 assessment to ensure all neurocognitive and balance systems are functioning properly. If a baseline test was done, the athlete must score within 95% of the baseline score to proceed to the next step.
4. The athlete will move on to the 5-step Return to Play (RTP) protocol:
 - a. Light aerobic exercise (20 minutes biking, jogging or elliptical)
 - b. Light aerobic exercise (20-30 minutes jogging or elliptical)
 - c. Non-Contact practice (positions drills), for sports that are non-contact, practice at 75% of maximal effort.
 - d. Full contact/full effort practice
 - e. Return to normal participation
 - i. **Only 1 step will be completed each day.** If athlete experiences *any* symptoms during any RTP step, they will stop and repeat the same step the following day.
5. **Only** once the athlete has fully the return to learn (RTL) protocol, completed the return to play protocol in full, and received written clearance either from the athletic trainer or another licensed healthcare provider *trained in concussions* will they be allowed to return to full participation.
 - a. If clearance was obtained via a physician's note, the following must be clearly stated in order to return to full participation:
 - i. Diagnosis
 - ii. Clearance Status
 - iii. Physicians name (PRINTED) and contact information
 - iv. Clearance notes **will not** be accepted from the ER, urgent care, Chiropractors, or other health care professionals not trained in concussion management.
 - b. Clearance from a physician only releases athlete to my care. **They must complete the graduated return to play even with physician clearance.**

THE ATHLETIC TRAINER RESERVES THE RIGHT TO HAVE THE FINAL SAY IN ALL RETURN TO PLAY DECISIONS.

AT NO TIME WILL A COACH MAKE A RETURN TO PLAY DECISION.

THIS CONCUSSION MANAGEMENT POLICY IS NOT ALL-INCLUSIVE, AND THE ATHLETIC TRAINER RESERVES THE RIGHT TO ALTER THE POLICY AT ANY TIME AS SHE SEES FIT TO PROTECT THE ATHLETE.

POST CONCUSSION SYMPTOMS INVENTORY

	None 0	1	Mild 2	3	Moderate 4	5	Severe 6
SYMPTOMS	SEVERITY RATING						
	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Drowsiness							
Trouble falling asleep							
Sleeping more/less than usual							
Headache							
Nausea							
Vomiting							
Balance problems							
Numbness or tingling							
Visual problems							
Dizziness							
Sensitivity to light							
Sensitivity to sound							
Fatigue							
Pressure in head							
Feeling slowed down							
Difficulty concentrating							
Difficulty remembering							
Feeling mentally foggy							
Irritability							
Sadness							
Nervous or anxious							
Feeling more emotional							
Other:							
Athlete's Initials							
Parent's Initials							

Notes:

CONCUSSION CLEARANCE FORM**CONCUSSION MANAGEMENT PACKET**

Athlete's Name: _____ Age/Grade: _____

Date of Injury: _____ Sport: _____

- I have read the entirety of this packet and fully understand the following:
- I understand that 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 results.
- I know and understand the signs and symptoms of a concussion.
- I know and understand the return to play policies including the 5-step return to play protocols.

Questions? Please contact me at (425) 837-7896 or swartzm@issaquah.wednet.edu_____
Parent/Guardian Signature_____
Print Name_____
Athlete Signature_____
Print Name**Return to Play Protocol**

Protocol Step	Date	Notes	LAT Initial
Initial Injury			
Assessment (SAC)			
Post-Injury SCAT5			
Concussion Packet Given			
Athlete Reports Symptom Free			
SCAT5 within 95% baseline			
Additional SCAT5 (if needed)			
RTL Complete			
RTP Protocol Begins			
RTP Step 1			
RTP Step 2			
RTP Step 3			
RTP Step 4			
RTP Step 5			
Full RTP			

SCAT5[®]**SPORT CONCUSSION ASSESSMENT TOOL — 5TH EDITION**

DEVELOPED BY THE CONCUSSION IN SPORT GROUP

FOR USE BY MEDICAL PROFESSIONALS ONLY

supported by

**Patient details**

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date of Injury: _____ Time: _____

WHAT IS THE SCAT5?

The SCAT5 is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals¹. The SCAT5 cannot be performed correctly in less than 10 minutes.

If you are not a physician or licensed healthcare professional, please use the Concussion Recognition Tool 5 (CRT5). The SCAT5 is to be used for evaluating athletes aged 13 years and older. For children aged 12 years or younger, please use the Child SCAT5.

Preseason SCAT5 baseline testing can be useful for interpreting post-injury test scores, but is not required for that purpose. Detailed instructions for use of the SCAT5 are provided on page 7. Please read through these instructions carefully before testing the athlete. Brief verbal instructions for each test are given in italics. The only equipment required for the tester is a watch or timer.

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Recognise and Remove

A head impact by either a direct blow or indirect transmission of force can be associated with a serious and potentially fatal brain injury. If there are significant concerns, including any of the red flags listed in Box 1, then activation of emergency procedures and urgent transport to the nearest hospital should be arranged.

Key points

- Any athlete with suspected concussion should be **REMOVED FROM PLAY**, medically assessed and monitored for deterioration. No athlete diagnosed with concussion should be returned to play on the day of injury.
- If an athlete is suspected of having a concussion and medical personnel are not immediately available, the athlete should be referred to a medical facility for urgent assessment.
- Athletes with suspected concussion should not drink alcohol, use recreational drugs and should not drive a motor vehicle until cleared to do so by a medical professional.
- Concussion signs and symptoms evolve over time and it is important to consider repeat evaluation in the assessment of concussion.
- The diagnosis of a concussion is a clinical judgment, made by a medical professional. The SCAT5 should **NOT** be used by itself to make, or exclude, the diagnosis of concussion. An athlete may have a concussion even if their SCAT5 is “normal”.

Remember:

- The basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the athlete (other than that required for airway management) unless trained to do so.
- Assessment for a spinal cord injury is a critical part of the initial on-field assessment.
- Do not remove a helmet or any other equipment unless trained to do so safely.

IMMEDIATE OR ON-FIELD ASSESSMENT

The following elements should be assessed for all athletes who are suspected of having a concussion prior to proceeding to the neurocognitive assessment and ideally should be done on-field after the first first aid / emergency care priorities are completed.

If any of the "Red Flags" or observable signs are noted after a direct or indirect blow to the head, the athlete should be immediately and safely removed from participation and evaluated by a physician or licensed healthcare professional.

Consideration of transportation to a medical facility should be at the discretion of the physician or licensed healthcare professional.

The GCS is important as a standard measure for all patients and can be done serially if necessary in the event of deterioration in conscious state. The Maddocks questions and cervical spine exam are critical steps of the immediate assessment; however, these do not need to be done serially.

STEP 1: RED FLAGS

RED FLAGS:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

STEP 2: OBSERVABLE SIGNS

Witnessed Observed on Video

	Y	N
Lying motionless on the playing surface	Y	N
Balance / gait difficulties / motor incoordination: stumbling, slow / laboured movements	Y	N
Disorientation or confusion, or an inability to respond appropriately to questions	Y	N
Blank or vacant look	Y	N
Facial injury after head trauma	Y	N

STEP 3: MEMORY ASSESSMENT MADDOCKS QUESTIONS²

"I am going to ask you a few questions, please listen carefully and give your best effort. First, tell me what happened?"

Mark Y for correct answer / N for incorrect

	Y	N
What venue are we at today?	Y	N
Which half is it now?	Y	N
Who scored last in this match?	Y	N
What team did you play last week / game?	Y	N
Did your team win the last game?	Y	N

Note: Appropriate sport-specific questions may be substituted.

Name: _____
 DOB: _____
 Address: _____
 ID number: _____
 Examiner: _____
 Date: _____

STEP 4: EXAMINATION GLASGOW COMA SCALE (GCS)³

Time of assessment			
Date of assessment			
Best eye response (E)			
No eye opening	1	1	1
Eye opening in response to pain	2	2	2
Eye opening to speech	3	3	3
Eyes opening spontaneously	4	4	4
Best verbal response (V)			
No verbal response	1	1	1
Incomprehensible sounds	2	2	2
Inappropriate words	3	3	3
Confused	4	4	4
Oriented	5	5	5
Best motor response (M)			
No motor response	1	1	1
Extension to pain	2	2	2
Abnormal flexion to pain	3	3	3
Flexion / Withdrawal to pain	4	4	4
Localizes to pain	5	5	5
Obeys commands	6	6	6
Glasgow Coma score (E + V + M)			

CERVICAL SPINE ASSESSMENT

Does the athlete report that their neck is pain free at rest?	Y	N
If there is NO neck pain at rest, does the athlete have a full range of ACTIVE pain free movement?	Y	N
Is the limb strength and sensation normal?	Y	N

In a patient who is not lucid or fully conscious, a cervical spine injury should be assumed until proven otherwise.

OFFICE OR OFF-FIELD ASSESSMENT

Please note that the neurocognitive assessment should be done in a distraction-free environment with the athlete in a resting state.

STEP 1: ATHLETE BACKGROUND

Sport/team/school: _____

Date/time of injury: _____

Years of education completed: _____

Age: _____

Gender: M / F / Other

Dominant hand: left / neither / right

How many diagnosed concussions has the athlete had in the past?: _____

When was the most recent concussion?: _____

How long was the recovery (time to being cleared to play) from the most recent concussion?: _____(days)

Has the athlete ever been:

	Yes	No
Hospitalized for a head injury?		
Diagnosed / treated for headache disorder or migraines?		
Diagnosed with a learning disability / dyslexia?		
Diagnosed with ADD / ADHD?		
Diagnosed with depression, anxiety or other psychiatric disorder?		

Current medications? If yes, please list:

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date: _____

2

STEP 2: SYMPTOM EVALUATION

The athlete should be given the symptom form and asked to read this instruction paragraph out loud then complete the symptom scale. For the baseline assessment, the athlete should rate his/her symptoms based on how he/she typically feels and for the post injury assessment the athlete should rate their symptoms at this point in time.

Please Check: Baseline Post-Injury

Please hand the form to the athlete

	none	mild	moderate	severe			
Headache	0	1	2	3	4	5	6
"Pressure in head"	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6
Trouble falling asleep (if applicable)	0	1	2	3	4	5	6

Total number of symptoms: _____ of 22

Symptom severity score: _____ of 132

Do your symptoms get worse with physical activity? Y N

Do your symptoms get worse with mental activity? Y N

If 100% is feeling perfectly normal, what percent of normal do you feel?

If not 100%, why?

Please hand form back to examiner

STEP 3: COGNITIVE SCREENING

Standardised Assessment of Concussion (SAC)⁴

ORIENTATION

What month is it?	0	1
What is the date today?	0	1
What is the day of the week?	0	1
What year is it?	0	1
What time is it right now? (within 1 hour)	0	1
Orientation score	of 5	

IMMEDIATE MEMORY

The Immediate Memory component can be completed using the traditional 5-word per trial list or optionally using 10-words per trial to minimise any ceiling effect. All 3 trials must be administered irrespective of the number correct on the first trial. Administer at the rate of one word per second.

Please choose EITHER the 5 or 10 word list groups and circle the specific word list chosen for this test.

I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order. For Trials 2 & 3: I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before.

List	Alternate 5 word lists					Score (of 5)		
	Trial 1	Trial 2	Trial 3					
A	Finger	Penny	Blanket	Lemon	Insect			
B	Candle	Paper	Sugar	Sandwich	Wagon			
C	Baby	Monkey	Perfume	Sunset	Iron			
D	Elbow	Apple	Carpet	Saddle	Bubble			
E	Jacket	Arrow	Pepper	Cotton	Movie			
F	Dollar	Honey	Mirror	Saddle	Anchor			
Immediate Memory Score						of 15		
Time that last trial was completed								

List	Alternate 10 word lists					Score (of 10)		
	Trial 1	Trial 2	Trial 3					
G	Finger	Penny	Blanket	Lemon	Insect			
	Candle	Paper	Sugar	Sandwich	Wagon			
H	Baby	Monkey	Perfume	Sunset	Iron			
	Elbow	Apple	Carpet	Saddle	Bubble			
I	Jacket	Arrow	Pepper	Cotton	Movie			
	Dollar	Honey	Mirror	Saddle	Anchor			
Immediate Memory Score						of 30		
Time that last trial was completed								

Name: _____
 DOB: _____
 Address: _____
 ID number: _____
 Examiner: _____
 Date: _____

CONCENTRATION

DIGITS BACKWARDS

Please circle the Digit list chosen (A, B, C, D, E, F). Administer at the rate of one digit per second reading DOWN the selected column.

I am going to read a string of numbers and when I am done, you repeat them back to me in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7.

Concentration Number Lists (circle one)					
List A	List B	List C			
4-9-3	5-2-6	1-4-2	Y	N	0
6-2-9	4-1-5	6-5-8	Y	N	1
3-8-1-4	1-7-9-5	6-8-3-1	Y	N	0
3-2-7-9	4-9-6-8	3-4-8-1	Y	N	1
6-2-9-7-1	4-8-5-2-7	4-9-1-5-3	Y	N	0
1-5-2-8-6	6-1-8-4-3	6-8-2-5-1	Y	N	1
7-1-8-4-6-2	8-3-1-9-6-4	3-7-6-5-1-9	Y	N	0
5-3-9-1-4-8	7-2-4-8-5-6	9-2-6-5-1-4	Y	N	1
List D	List E	List F			
7-8-2	3-8-2	2-7-1	Y	N	0
9-2-6	5-1-8	4-7-9	Y	N	1
4-1-8-3	2-7-9-3	1-6-8-3	Y	N	0
9-7-2-3	2-1-6-9	3-9-2-4	Y	N	1
1-7-9-2-6	4-1-8-6-9	2-4-7-5-8	Y	N	0
4-1-7-5-2	9-4-1-7-5	8-3-9-6-4	Y	N	1
2-6-4-8-1-7	6-9-7-3-8-2	5-8-6-2-4-9	Y	N	0
8-4-1-9-3-5	4-2-7-9-3-8	3-1-7-8-2-6	Y	N	1
Digits Score:					of 4

MONTHS IN REVERSE ORDER

Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November. Go ahead.

Dec - Nov - Oct - Sept - Aug - Jul - Jun - May - Apr - Mar - Feb - Jan	0	1
Months Score	of 1	
Concentration Total Score (Digits + Months)	of 5	

4

STEP 4: NEUROLOGICAL SCREEN

See the instruction sheet (page 7) for details of test administration and scoring of the tests.

Can the patient read aloud (e.g. symptom check-list) and follow instructions without difficulty?	Y	N
Does the patient have a full range of pain-free PASSIVE cervical spine movement?	Y	N
Without moving their head or neck, can the patient look side-to-side and up-and-down without double vision?	Y	N
Can the patient perform the finger nose coordination test normally?	Y	N
Can the patient perform tandem gait normally?	Y	N

BALANCE EXAMINATION

Modified Balance Error Scoring System (mBESS) testing⁵

Which foot was tested (i.e. which is the non-dominant foot) Left Right

Testing surface (hard floor, field, etc.) _____

Footwear (shoes, barefoot, braces, tape, etc.) _____

Condition	Errors
Double leg stance	of 10
Single leg stance (non-dominant foot)	of 10
Tandem stance (non-dominant foot at the back)	of 10
Total Errors	of 30

Name: _____
 DOB: _____
 Address: _____
 ID number: _____
 Examiner: _____
 Date: _____

5

STEP 5: DELAYED RECALL:

The delayed recall should be performed after 5 minutes have elapsed since the end of the Immediate Recall section. Score 1 pt. for each correct response.

Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order.

Time Started

Please record each word correctly recalled. Total score equals number of words recalled.

Total number of words recalled accurately: of 5 or of 10

6

STEP 6: DECISION

Domain	Date & time of assessment:		
Symptom number (of 22)			
Symptom severity score (of 132)			
Orientation (of 5)			
Immediate memory	of 15 of 30	of 15 of 30	of 15 of 30
Concentration (of 5)			
Neuro exam	Normal Abnormal	Normal Abnormal	Normal Abnormal
Balance errors (of 30)			
Delayed Recall	of 5 of 10	of 5 of 10	of 5 of 10

Date and time of injury: _____

If the athlete is known to you prior to their injury, are they different from their usual self?

Yes No Unsure Not Applicable

(If different, describe why in the clinical notes section)

Concussion Diagnosed?

Yes No Unsure Not Applicable

If re-testing, has the athlete improved?

Yes No Unsure Not Applicable

I am a physician or licensed healthcare professional and I have personally administered or supervised the administration of this SCAT5.

Signature: _____

Name: _____

Title: _____

Registration number (if applicable): _____

Date: _____

SCORING ON THE SCAT5 SHOULD NOT BE USED AS A STAND-ALONE METHOD TO DIAGNOSE CONCUSSION, MEASURE RECOVERY OR MAKE DECISIONS ABOUT AN ATHLETE'S READINESS TO RETURN TO COMPETITION AFTER CONCUSSION.