Sample Concussion Action Plan

PRE-SEASON	**ATHLETES**
	
	• Complete baseline testing using SCAT-2 or ImPACT.
	• Complete the concussion awareness agreement form for parents and students.
	
	COACHES AND TRAINERS
	• Complete the CDC course on concussion in athletes.
	  o HTTP://WWW.CDC.GOV/CONCUSSION/HEADSUP/TRAINING/HEADSUPCONCUSSION.HTML
	• Complete the concussion awareness agreement form for coaches.
	• Review and have available at all times the concussion materials provided by the health center to the athletic director:
	  o CDC Quick Reference Guide Pocket card and/or clipboard sticker
	  o Concussion Action Plan
	  o Parent handout/card on what to expect after a concussion or Heads Up Concussion in Youth Sports: Parent /Athlete Concussion Information Sheet
	  o SCAT-2 Paper Form or Smart Phone Application
	  o BPS Notification of Probable Head Injury Form
	• Teach safe participation to athletes by requiring protective equipment and safe play techniques.

INJURY	**ATHLETES** • Report injury and/or symptoms to the coaching and/or training staff. • Submit required forms to the Athletic Director and primary care provider. **COACHES, TRAINERS AND EMERGENCY PERSONNEL** • Sideline evaluation using SCAT-2 every 10-15 minutes for up to 60

	minutes. o Paper or Smartphone Application o Symptoms of concussion may not become apparent for up to 30 or more minutes after the injury. • Carefully note any symptoms, mechanism of injury, location of injury, loss of consciousness and duration, amnesia and/or seizures. • Notify parent of injury and need to monitor closely for the next 48 hours, and to report changes to AD and primary care provider. o Provide CDC Information Sheet: Parent/Athlete Concussion Information o Sheet Inform them that they must follow-up with the health center or their primary healthcare provider and provide them with a copy of the BPS Notification of Probable Head Injury Form. **HEALTH CARE PROVIDER** • Initiate evaluation and provide student athlete the BPS Medical Clearance to Sports Participation Following a Form, when appropriate • Communicate medical needs with school staff, as appropriate. **ATHLETIC DIRECTOR and ATHLETIC TRAINER** • Ensure that the student athlete has initiated appropriate evaluation with a non-emergency room health care provider after injury. • Ensure that the student athlete follows the Concussion Policy and completes the Return to Play Protocol, in conjunction with the Athletic Trainer
ACUTE	**COACHES, TRAINERS, and EMERGENCY PERSONNEL** • If the athlete has witnessed or reported ;loss of consciousness, unusual • behavior, unable to respond to simple questions or recognize people or places, slurred speech, vomiting, drowsiness or inability to be awakened,breathing irregularity, weakness or numbness of the arms or legs, neckpain, worsening headaches, loss of consciousness, or seizures. **IMMEDIATE TRANSPORT TO THE EMERGENCY ROOM IS INDICATED.**

	• Notify parents that if the student athlete experiences these symptoms • in the next 48 hours, immediate transport to the emergency room is • indicated.