



Vista Grande High School Injury Action Plans: Revised July 2017

Concussion:

- **Symptoms:** dazed or confused, headache, nausea, unsure of surroundings, vomiting, altered coordination, double or blurry vision, forgetfulness, light sensitivity, sound sensitivity, balance problems, personality changes, feeling sluggish, slow to respond, feeling foggy, cannot recall events, fatigue, loss of consciousness, concentration problems.
- **To Emergency Room:** decreasing level of consciousness, any loss of consciousness, decrease of neurological function, decrease or irregularity of pulse/respirations, unequal – dilated – or – unreactive pupils.
- **Signs of a Skull Fracture:** CSF (cerebral spinal fluid) from ear/nose, bruising under eyes (raccoon eyes), bruising behind the ear (battle sign).
- **Steps to take in cases of mental status changes and seizures:**
 - Call 911 if necessary.
 - Call ATC.
 - Look for signs/symptoms.
 - Send to Emergency Room if symptoms worsen/deteriorate.
 - Contact parent/guardian of student athlete.
 - No video games, music, movies, heavy concentration.
 - Athlete must be evaluated by his/her PCP or Dr. Zieman and follow up with ATC.
 - Parents may give permission for ATC to treat their athlete unless ATC needs referral for further follow up.

***IF THE ATHLETIC TRAINER OR COACH SUSPECTS THE ATHLETE HAS SUSTAINED A CONCUSSION, THE ATHLETE SHOULD BE REMOVED FROM ACTIVITY IMMEDIATELY.**

Most Common Injuries:

- Lower extremity: Hamstring strain, groin strain, ankle sprain, bone bruise/contusion, knee sprains/strains, etc.
 - 1) Action: If ATC is present at time of injury, immediate action must be taken to rest and stability injury. Consider referral.
 - 2) Action: If ATC is not present, the coach must contact the ATC (if at school) and if ATC is not at school, EMS needs to be notified and athlete needs to be stabilized by coaching staff.

- 3) Parent consent form is filled out for athlete's parent/guardian and must be returned the next day signed and dated.
 - 4) Athlete is to come into training room to follow up with ATC and to bring doctors' notes to file in injury chart (only if athlete had appointment with doctor).
- Upper Extremity: Shoulder strain/sprain, bruised ribs, back pain, neck tightness/pain
 - 1) Action: If ATC is present at time of injury, immediate action must be taken to rest and stabilize injury – consider referral.
 - 2) Action: If ATC is not present, the coach must contact the ATC (if at school) and if ATC is not at school, EMS needs to be notified and athlete needs to be stabilized by the coaching staff.

Gross Deformities/Spinal Cord Injuries:

- If ATC is present, athlete is to be stabilized and not moved.
- EMS is to be called by the coaching staff.
- Gross deformity (open fracture) – monitor vital signs and capillary refill – upper or lower extremity is to be splinted and stabilized.
- Spinal Cord – ATC must maintain athlete in C spine position. If spine board is not available, athlete is to not be moved until EMS arrives with spine board – vital signs must be monitored until EMS arrives.
- If ATC is not present, coaching staff needs to call ATC (if present at school) and/or EMS ASAP. Make sure athlete is breathing and he/she has feeling in the upper and lower extremity.

CPR/AED:

- ATC is the only health care professional who can administer CPR/AED/First Aid.
- If ATC is not present, coaching staff must perform CPR if they are trained to do so and to call EMS ASAP.