

**Standard Operating Policies  
And Procedures For  
Industrial Athlete Pros  
Athletic Training Room  
2020-2021**



**INDUSTRIAL ATHLETE  
PROS**

Sports Medicine

## **Athletic Training Standard Operating Procedures Mission Statements**

### **Sports Medicine Departmental Mission Statement**

The Industrial Athlete [IAP] program provides state-of-the-art methods for the prevention of injuries; outstanding care, treatment and rehabilitation of injuries when referred to the athletic training room [ATR]; and to provide educational opportunities to athletes with every visit in the ATR.

### **Industrial Athlete Pros Mission Statement**

Industrial Athlete Pros is the premier onsite sports medicine team in the business, delivering expert in musculoskeletal disorders [MSD] and injury prevention and intervention services. Reducing and eliminating MSDs at the worksite producing a positive ROI within months of implementation.

### **Philosophy of Athletic Training**

The Industrial Athlete Pros, Athletic Training Staff provides athletic training and sports medicine services at the IAP, ATR. The primary focus of the IAP athletic training program is injury prevention and intervention. The IAP delivers fitness and conditioning protocols with the specificity required to prevent a musculoskeletal imbalance from becoming a potential injury for the athlete. The ATR is staffed with sports medicine professionals with credentials in athletic training, kinesiology, physiology, and fitness and conditioning programming.

Should an athlete require medical care, for an acute injury that demands the attention of a medical clinic, the athletic trainers will notify the appropriate parties in coordinating the proper care. This may be accomplished through contact with IAP owner/Temco Risk Manager. When necessary, the athlete may be referred to the medical provider network for further evaluation and/or treatment. The athletic trainers are employed by IAP and will follow policies and procedures of IAP in conjunction with policies and procedures set forth through their scope of practice, NATA guidelines.

The athletic trainers are responsible for return of the muscular balance of the athlete to their functional levels through a progressive, specific, effective, and innovative prevention program. The IAP team will deliver education about athletic conditioning to our athletes to motivate them to lead healthy lifestyles. We are committed to using any technology available and affordable in the delivery of these services. We will remain committed to the concepts

The IAP philosophy places a high value on health and wellness, thus enabling working athletes student athletes to work safe and take care of their bodies. These services will be provided to maintain the highest standards of quality consistent with the National Athletic Trainers' Association's (NATA) Code of Professional Practice and scope of practice of the State of California.

## **Personnel**

### A. Certified Athletic Trainer:

An ATC is a qualified allied health care professional who is educated and experienced in the management of health care problems associated with athletic sports or work participation. The athletic trainer functions as an integral member of the IAP onsite program. The athletic trainer functions in the development and coordination of efficient and responsive athletic health and fitness delivery systems. The domains of the profession of athletic training include prevention, recognition and evaluation, management/treatment and disposition, rehabilitation, organization and administration, and clinical education and counseling. The ATC will be responsible for, but not limited to, the following:

- 1) Providing IAP ATR coverage at the corporate facility
- 2) Working with specificity on injury prevention strategies
- 3) Managing/caring for all athletic
- 4) Communicating all necessary information to IAP owner/corporate Risk Manager
- 5) Directing daily training room operations
- 6) Supervising and training interns on IAP procedures
- 7) Conducting educational programs for the IAP industrial athletes, new hires, staff, and student interns.

### B. Interns Training Room:

Interns: The purpose of the IAP Internship program in the ATR is to develop an understanding of the industrial athletic training profession, be educated in basic prevention, care and injury prevention protocols, and work beside the ATC with daily operations in the ATR or leading group exercise or training on the floor. The interns participating in the program must meet the following requirements:

- 1) Maintain the academic eligibility requirements set forth by the University Administration
- 2) Recommend certification in adult CPR/First Aid

### C. IAP Health Services

All non-athletic conditions (i.e. sickness) will be referred to athlete's personal care provider. During COVID-19 outbreak athletes will be directed to leave and seek care from their PCP before returning. The ATC will notify the site general manager, [GM] who will contact the athlete for the next steps. These confidential communications and the EE information is to be kept confidential, aside from notifying the GM. See the addendum regarding COVID-19 process and procedures.

## **Rehabilitation Services**

A. When referred for physical rehabilitation by the treating provider the ATC will arrange for a tele-visit with the PT for the initial assessment. ATC will conduct the assessment as PT is on the tele-visit screen for the appointment. The appointment will be scheduled between the ATC and the

PT and the EE will be notified about the time he should be at the ATR. This should be done preferably late in the morning e.g. 8-9p or early in the afternoon 2:30-3:30 to avoid the ATR rush.

## B. ATR policies

### 1. Hours of Operation

ATR will be open from: 5:00 am – 9:00 am  
and 2:30 pm – 6:30 pm

### 2. Modalities

- a) All use of modalities will be under direct supervision of the ATC.
- b) The ATC will be responsible for the protocols and upkeep for all equipment and will communicate with the IAP owner when equipment requires service.
- c) The ATC will use modalities according to their scope of practice and rehabilitation modalities as per standing orders and/or specific prescriptions dependent upon each case.

## C. NATA Position Statements (attached)

- a) Lightning
- b) Fluid Replacement
- c) Heat Illness

## D. Participation in the IAP ATR

### 1. Initial Evaluation

All athletes participate in the ATR before or after their shifts or on breaks and lunch hour, unless sent in as an acute injury for assessment. All athletes must sign participation log at each visit. There is no health protected information entered on the log.

## E. IAP ATR Concussion Policy

1. A cerebral concussion can best be classified as a mild diffuse brain injury and is often referred to as a mild traumatic brain injury. The injury involves an acceleration-deceleration mechanism in which a blow to the head, or body, or the head striking an object results in 1 or more of the following conditions (including but not limited too):
  - Headache (lasting longer than 20 minutes, or returning after sideline assessment performed by the sports medicine staff )
  - Nausea
  - Vomiting
  - Dizziness
  - Balance problems
  - Feeling “slowed down”
  - Fatigue
  - Trouble sleeping
  - Drowsiness
  - Sensitivity to light or noise
  - Loss of consciousness
  - Blurred vision
  - Difficulty remembering
  - Difficulty concentrating
  
2. The IAP ATR staff will monitor an athlete with a concussion at 5-minute intervals, or as time permits, from the time of the injury until the athlete’s condition completely clears and the athlete is referred for further care. When a concussion is suspected, but the ATR is not available, the company will send the athlete to the mpn for immediate care. See attached concussion policy for full details on concussion management policies (Appendix H).

## Blood Borne Pathogens Policies

Standard precautions should be followed with every athlete. Attached in Appendix F is the IAP Bloodborne Pathogens Policy. Summary of IAP ATR Standard Precautions:

1. **Clean up of blood and other potentially infectious materials (OPIM)** - Follow OHSA standards, observe universal precautions, and always use gloves and other personal protective equipment. All surfaces which may have been contaminated with blood or OPIM should be cleaned before they are disinfected. Cleaning should take place with soapy water. Disinfection will take place using a tuberculocidal solution, or a 1:10 Bleach/Water solution which is always kept in the ATR. All saturated cleaning materials will be placed in a marked biohazard container and disposed of in accordance with state and local EPA regulations. All ATCs should receive OHSA Blood Borne Pathogen Training yearly.

- 2. Hand Hygiene-** Hands are to be washed with antimicrobial soap whenever there is a chance that your hands have been contaminated. This includes but not limited to: immediately when arriving to work, before and after examining each athlete; before putting on gloves for procedures; after touching any instrument or object used on an athlete; after handling blood, urine, or other specimens; after removing any type of gloves; after using the toilet; and before leaving work.

Hands should be washed with antimicrobial soap when they are visibly dirty, when contaminated with blood or body fluids, before eating or handling food, and after using the rest room. The IAP ATR uses the facility washroom, and/or the anti-bacterial hand sanitizer kept in the ATR.

When running water and soap are not readily available, an alcohol based hand rub may be used. Alcohol hand rubs may be used when hands are not visibly soiled, before direct athlete contact, after contact with athlete's intact skin, after contact with mucous membranes or non-intact skin if hands are not visibly soiled, before and after wearing gloves, if moving from a contaminated body site to a clean body site during care, and after contact with objects located in the patient's environment. The IAP ATR uses approved Instant Hand Sanitizer.

The IAP has access to and stores Surface Disinfectant/Decontaminant Cleaner and augments cleaning with a 1:10 mixture of chlorine bleach.

- 3. Environmental Control-** The following items are to be cleaned daily and after each athlete use:

- a) Treatment Tables, countertops, rehab equipment, coolers, water bottles, ice scoops and whirlpools - to be sprayed with surface cleaner let remain wet for at least 30 seconds and then wiped dry using clean towel or paper towel.
- b) Towels are serviced weekly and clean towels replaced. The ATC never reuses a towel from one athlete to the next or from one surface to the next.

The following items are to be cleaned weekly:

- 1) Hydrocollator- to be drained and sprayed with cleanser, let remain wet for at least 30 seconds, rinsed and refilled with clean water.

- 4. Ice Handling-** Do not handle ice directly by hand, and wash hands before obtaining ice. Use a smooth surface ice scoop to dispense ice, store scoop on a hard surface when not in use, and never store scoop inside the bin. Never store anything in the ice bin. The IAP has frozen Dixie cups of ice kept in the facility freezer and may be used with athletes. Dixie cups are on hand in the ATR and a few can be dispensed to the athlete with instructions on how to use them at home.

5. **Prevention of MRSA (Methicillin-resistant *Staphylococcus aureus*)** - Always practice good hygiene.
- a) Keep hands clean by washing thoroughly with soap and water or use an alcohol-based hand sanitizer if running water and soap are not readily available.
  - b) Keep cuts and scrapes clean and covered with a bandage until healed.
  - c) Avoid contact with other people's wounds or bandages.
  - d) Don't share personal items such as towels.

## **Emergency Action Plan**

### **Introduction**

In the IAP ATR certified athletic trainers are committed to providing the safest environment for the industrial athlete. Part of providing for this safe environment is the responsibility is to develop and implement an emergency action plan (EAP) that mirrors the site EAP and works in conjunctions with the facility managers. This preparation involves formulation of an emergency plan, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel as required by the site, and continuing education in the area of first-aid. Establishing communication and protocol before an emergency occurs will help avoid catastrophe. The purpose of this EAP is to be prepared to properly respond to such a situation when and if it arises within the IAP ATR.

According to published NCAA guidelines regarding emergency medical care for athletes should include the following:

- The presence of personnel qualified and delegated to render emergency medical care to the athlete;
- The presence or planned access to get the athlete to the mpn physician in order to provide prompt medical evaluation of the situation when warranted;
- Planned access to the medical facility, facilitated with the risk manager and the site manager, including a plan for communication of the injured from the ATR site to a medical facility for prompt medical care and service;
- All necessary emergency equipment should be located at the site or quickly accessible and the personnel present must be trained in advance to use it properly;
- A thorough understanding by all parties, including the leadership of procedures associated with the emergency medical care plan and;
- Certification in CPR techniques, first aid and prevention of disease transmission (per OSHA guidelines) should be required of all ATCs and the interns associated with all ATR services, skill instruction and strength and conditioning sessions.

The IAP ATR has taken appropriate steps to comply with each of the above areas as follows:

1. All posted ATR shifts will be covered by an IAP ATC. **It is the responsibility of each ATC working the IAP ATR location to have contact information for their associates**

- to ensure that each posted shift is covered. The IAP ATC will arrange their own coverage or exchange shifts with their counterpart.**
2. Every IAP ATR has an emergency action plan complete with a plan for communication will have land line or cellular telephone communication to activate the medical emergency plan with the site GM and the IAP owner/risk manager immediately.
  3. ATCs providing prevention services will review the medical emergency procedures, be familiar with the plan and be competent in carrying out the plan.
  4. All student ATC interns assigned to the IAP ATR are encouraged to become certified in CPR. All certified athletic trainers will be certified in CPR and emergency first aid.

## **Personnel**

In most cases, the first responder to an emergency that may occur with athletes will be a member of the sports medicine staff. For this reason, CPR, first aid, prevention of disease transmission and emergency plan review should be required for all personnel associated with practices, competition, skills instruction and strength and conditioning.

Personnel responsible for care in case of an emergency will not be limited to the IAP sports medicine staff members. Roles of these individuals within an emergency will vary depending on the severity of the incident, the number of company teammates available. The emergency team is responsible for the following responsibilities:

1. The immediate care of the athlete
2. Activation of the emergency medical system available
3. Direction of EMS at the scene when appropriate

## **Communication**

Communication is the key to delivering emergency care as quickly and safely as possible. Access to a working telephone or other telecommunications device should be ensured. The communication system should be checked before each practice or competition to ensure proper working order.

The following information will be posted on a card near each telephone to be used and be read while giving emergency information during an emergency call:

- **Dial 9-1-1 and repeat:**  
**“My name is \_\_\_\_\_, and I am (title) at Industrial Athlete Pros. We have (describe injury) and are requesting an ambulance with paramedics. We are at (facility location) and I am calling from (phone #). We would like the ambulance to come to (location of injury). The easiest way to enter the facility is by \_\_\_\_\_. Thank you.” LET THEM HANG UP FIRST.**
- **Assign someone to go to a place where they are visible and wait for the ambulance to arrive and direct them to the injured student-athlete.**

## **Security**

Will get the necessary plans from each site. We will comply with the site directives; know who to contact, where to get the support required. This will be filled in very soon.

### **IAP ATR Fire Policy**

Will get the necessary plans from each site. We will comply with the site directives; know who to contact, where to get the support required. This will be filled in very soon. Will also supply you with the appropriate ATR policies to use in the ATR to coordinate with building.

### **IAP Earthquake Policy**

Will get the necessary plans from each site. We will comply with the site directives; know who to contact, where to get the support required. Will also supply you with the appropriate ATR policies asap.

**Site Certified Athletic Trainers:**

**San Diego – am/pm**

Bert Basting: 414-614-4611

bertbasting@gmail.com

Chase Claborn: 858-361-8797

chaseclaborn@gmail.com

**Pomona – am/pm**

Natalie Flores: 818-606-2925

noflo.92@gmail.com

Jelani Drake: 714-931-1040

jdrake18@apu.edu

**Benicia- both am/pm**

Ericka Samson: 650-773-2447

erkasamson13@gmail.com

**Company Owner/Risk Manager:**

Zoe Robinette 415-806-9348 zoe.studioa@gmail.com

**Company Physical Therapist:**

Charmaine Clamor 818-625-9872 clamor.charmaine@gmail.com

**AED:** AED – we will advise as soon as possible if the buildings are going with this –

**Phone System:** 9-1-1 may be dialed immediately under the qualifying conditions.

**Guidelines for Emergency Action Plan**

*ATC is present*

**Emergency**

1. ATC/GM activate EMS by dialing 911.
2. ATC performs assessment.
3. ATC waits for and directs EMS.
4. GM notifies emergency contact person on the situation when applicable or directed by athlete.
5. GM/Risk Manager direct to appropriate medical facility.
6. ATC completes incident in SWOL and Risk Manager and GM complete mpn paperwork.
7. ATC contacts the GM/Risk Manager via urgent text in real time.
8. Follow-up by ATC in the return to work plan.
9. Athlete returns to work [RTW] with written release given by PCP and /or attending hospital physician and follows RTW protocols.

**Non-Emergency**

1. ATC performs assessment.
2. Notifies IAP owner/Risk Manger regarding potential injury when applicable.
3. ATC will ask IAP owner/Risk Manager to make referral to appropriate medical facility if necessary. This should be communicated well in advance and documented carefully.
4. In the event the athlete is referred to medical ATC will wait for Rx. from Tx. Provider and work with PT for the initial evaluation through tele-visit. This evaluation would be scheduled between ATC/PT and IAP Director.
5. File all SOAP in SWOL
6. Follow-up by ATC to the next shift ATC . Return to participation when cleared by ATC and or physician seen.

**NATA Position Statement:**

**Fluid Replacement for Athletes**

## **Appendix B**

**NATA Position Statement:**

**Exertional Heat Illnesses**

# **Appendix C NATA**

## **Official Statement**

### **Automated External Defibrillators**

**Appendix E**

**IAP Exposure Control For**

**Bloodborne Pathogens**

## **Appendix F**

# **Appropriate Prehospital Management of the Spine-Injured Athlete (August 2015)**



# **Appendix G**

## **Concussion Policy**

### **What determines a concussion.**

A cerebral concussion can best be classified as a mild diffuse brain injury and is often referred to as a mild traumatic brain injury. The injury involves an acceleration-deceleration mechanism in which a blow to the head, or body, or the head striking an object results in 1 or more of the following conditions (including but not limited too):

- Headache (lasting longer than 20 minutes, or returning after sideline assessment performed by the sports medicine staff )
- Nausea
- Vomiting
- Dizziness
- Balance problems
- Feeling “slowed down”
- Fatigue
- Trouble sleeping
- Drowsiness
- Sensitivity to light or noise
- Loss of consciousness
- Blurred vision
- Difficulty remember
- Difficulty concentrating

### **After a concussion is suspected.**

- The sports medicine staff will monitor an athlete with a concussion at 5-minute intervals<sup>1</sup>, or as time permits, from the time of the injury until the athlete’s condition completely clears or the athlete is referred for further care.
  - o **COACHES:** when a concussion is suspected, but the certified athletic trainer (ATC) or physician is not available, your primary role is to ensure that the athlete is immediately seen by an ATC or physician.
- The ATC will evaluate and watch the injured athlete to detect deteriorating signs and symptoms that may indicate a serious head injury (fluctuating levels of consciousness, balance problems, memory and concentration difficulties, headache, ringing in the ears, nausea, etc.)
- ATC will document all pertinent information surround the concussive injuring, including but not limited to:
  - Mechanism of injury
  - Initial signs and symptoms
  - State of consciousness
  - Findings on serial testing of symptoms and neuropsychological function with postural-stability tests
  - Instructions given to the athlete and/or parent
  - Recommendations provided by the physician

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<sup>1</sup> During a practice/competition the sports medicine staff is responsible for all student athletes and will need to attend to other emergency situations as needed. At this point a coach will be asked to assist in the monitoring of the injured individual.

- Date and time of the athlete’s return to participation
- Relevant information on the player’s history of prior concussion and associated recovery patterns.
- If an athlete’s condition does not resolve within 20 minutes of the incident ATC will use the Standardized Concussion Assessment Tool II, to further evaluate the athlete’s condition.
- Athletes who are asymptomatic after resting for at least 20 minutes will be placed through an exertion examination including but not limited too; sideline jogging, sprinting, sit-ups, push-ups, and other sport specific, non-contact activities. If symptoms reoccur after the exertion exam the athlete should be disqualified from returning to participation.
- The athlete will continue to be monitored over the next few days after the injury for the presence of delayed signs and symptoms and to assess recovery.

**When to disqualify and athlete from participation.**

- Athletes who experience any symptoms after receiving a blow to the head or experience the head striking an object.
  - o Athlete must be cleared by the sports medicine staff before returning to any sport participation.
- Athletes who are symptomatic at rest after for at least 20 minutes should be disqualified from returning to participation on the day of injury.

**When we will refer an athlete to a team physician after a concussion.**

- An athlete with a concussion will be referred to a physician as follows:

<u>Immediate Referral</u>	<u>Physician Follow Up</u>	<u>Delayed Referral</u>
Neurological dysfunction Irregularity in respirations Irregularity in pulse Spine or skull fracture Mental Status Changes Difficulty maintaining arousal Seizure Loss of consciousness Amnesia(longer than 15 min.)	Headache Nausea Dizziness Balance Problems Feeling “slowed down” Fatigue Delayed/worsening symptoms	Difficulty remembering Trouble sleeping Drowsiness Sensitivity to light or noise Blurred Vision Vomiting Delayed/worsening symptoms

Immediate Referral: Athlete needs to be transported immediately to the nearest emergency

department. Physician Follow Up: Physician will be contacted, and further treatment plans will be made.

Delayed Referral: Athlete will be sent to a physician for further evaluation.

**Return to play decisions.**

**\*\*No one test should be used solely to determine recovery, or return to play, as concussion presents in many ways\*\***

- The athlete must present symptom free for 24 hours before beginning return to play protocol, protocol includes:
  - Clinical evaluation, formal cognitive and postural-stability testing will be performed to assist in objectively determining injury severity and readiness to return to play
  - Incremental increase in activity with an initial cardiovascular challenge, followed by sport-specific activities that do not place the athlete at risk for concussion
  - The athlete can be released to full participation if no recurrent signs or symptoms are present

Return To Play Protocol:

**Step 1: Complete physical and cognitive rest.** No exertional activity until asymptomatic.

**Step 2: Return to full-time/normal cognitive daily activities, or normal cognitive function.**

**Step 3: Low impact, light aerobic exercise.** This step should not begin until the athlete is no longer having concussion symptoms and is cleared by the treating licensed health care provider. At this point the student may begin brisk walking, light jogging, swimming or riding an exercise bike at less than 70% maximum performance heart rate. No weight or resistance training.

**Step 4: Basic exercise,** such as running in the gym or on the field. No helmet or other equipment.

**Step 5: Non-contact, sport specific training drills** (dribbling, ball handling, batting, fielding, running drills, etc.) in full equipment. Weight-training can begin.

**Step 6: Full contact practice or training.** The athlete must participate in at least one full practice, without restriction, before being released to participate in a game.

**Step 7: Normal competition in a contest.**

Each step should take a minimum of 24 hours. If symptoms occur at ANY step, the athlete must stop the activity. If any symptoms reoccur during this process it is a sign that the concussion has not resolved, and the athlete must be asymptomatic for 24 hours before beginning the return to play protocol again.

**Educating athletes, coaches, and parents**

- The ATC should play an active role in educating athletes, coaches, and parents about the signs and symptoms associated with concussion, as well as the potential risks of playing while still symptomatic
- Homecare instructions for post-concussions should be given to a coach, athlete, roommate, or parent that will be in direct care for the injured athlete (see attached homecare instruction sheet)
- ATC will be more conservative with athletes who have a history of concussion. Athletes with a history of concussion are at increased risk for sustaining subsequent injuries, slowed recovery, cognitive dysfunction, and postural instability.
- In athletes with a history of 3 or more concussions and experiencing slowed recovery, temporary or permanent disqualification from contact sports may be indicated. A conversation between the athlete, ATC, and team physician should be had in order to determine the best options for the athlete.

# Concussion Fact Sheet

## For Athletes

### **What is a concussion?**

A concussion is a brain injury that can be caused by a blow to the head or body which creates an impulsive force to the head. Concussions can result from contact with another player, sports equipment, or even a playing surface. Concussions can occur in any sport at any time. They range in severity from mild to severe and present differently for each individual. Concussions can occur without loss of consciousness from the athlete, or without any other major symptoms. Proper recognition and intervention are important to prevent further injury or possible death.

### **Symptoms of a Concussion:**

Concussion symptoms can present differently for each individual case. Some symptoms may be felt immediately while other may present hours or days after the initial injury. Concussion symptoms often get worse or reappear with exercise or mental activities that require a lot of focus and concentration.

#### Common Concussion Symptoms:

- Amnesia
- Confusion
- Headache
- Loss of Consciousness
- Balance Problems
- Vision Problems
- Sensitivity to light or noise
- Nausea
- Feeling in a fog or slowed down
- Feeling unusually irritable
- Concentration or memory problems

### **What to do if I think I have a concussion?**

1. Don't hide it. Report it immediately. Do not return to competition if you are experiencing any of the common concussion symptoms until you have been checked out. Make sure to report your symptoms to your certified athletic trainer and your coach. It is also important to tell your coach or athletic trainer if you observe a teammate who is experiencing concussion symptoms.
2. Get checked out. Allow your team physician or certified athletic trainer to fully examine you. They will help determine if you have a concussion and if, or when, you will be allowed to return to play.
3. Rest. If you are diagnosed with a concussion, your brain needs time to rest and heal. You are more likely to have a repeat concussion if you are active while your brain is still healing. In some cases, repeat concussions can lead to severe brain damage or even death.

## **Prevention and Education:**

- Read and understand this concussion fact sheet
- Report any concussion symptoms immediately for evaluation
- Ensure proper fit of all protective equipment
- Use proper and safe technique
- Do not initiate contact with your head
- Follow all school and sport safety rules
- Play with good sportsmanship

I, \_\_\_\_\_ have read and understand the Concussion Fact Sheet at Industrial Athlete Pros. I understand that a concussion is a brain injury and all concussions are serious. It is my responsibility to report any injury to my site manager. I understand that I am responsible to remove myself from work and report any signs of a concussion immediately. I will obey the recommendations of the medical staff and ATC regarding injury maintenance and return to work protocol. I understand that returning to work too soon after a concussion can leave me more prone to complications. I acknowledge that in severe cases, secondary concussions can lead to severe brain damage or even death. It is also my responsibility to use proper protective equipment appropriately, use proper work methods, PPE and safety rules and regulations.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Concussion Home Care Instructions

You \_\_\_\_\_ have been diagnosed with a concussion on \_\_\_\_\_. In order to make sure you recover properly, please follow the important recommendations.

### Physician Referral Check List:

*If any of these problems develop, or if symptoms progressively worsen contact your ATC and they will determine the need for physician referral:*

- Amnesia
- Decrease or loss of consciousness
- Decrease or irregular respirations or pulse
- Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation
- Seizure activity
- Vomiting
- Balance problems
- Dizziness
- New or worsening symptoms

### Please follow the instructions below:

#### It is OK to:

Use acetaminophen (Tylenol for headaches)  
Use ice pack on head and neck as needed for comfort  
Eat a light diet  
Go to sleep  
Rest

#### It is NOT ok to:

Use Ibuprofen or NSAIDS  
Drink Alcohol  
Use sleeping tablets  
Participate physical activity

Please report to the ATR on \_\_\_\_\_ for a follow up evaluation.

Specific Recommendations:

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Recommendations provided by: \_\_\_\_\_

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

Contact

Information \_\_\_\_\_

Athlete

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