School Nurse Role in Sports

• Advocacy
• Education
• Care Coordinator
• Care Provider

Missouri State High School Activities Association (MSHSAA)

MSHSAA is a voluntary, nonprofit education association of secondary schools established for the purpose of working collaboratively to develop and adopt standards of supervision and administration to regulate the diverse interscholastic activities and contests which are delegated by the member schools to the jurisdiction of the Association.
MSHSAA Required Documentation

- Current MSHSAA Pre-participation Physical Evaluation Form
  - Completed every two years (previously required annually)
- Current MSHSAA Pre-participation Documentation
  - Required annually and includes a medical history completed by the parent
- Parental Consent
- Concussion Education Acknowledgement

These documents are usually obtained and maintained by the coaches and/or Athletic Director.

The school nurse may be asked to review some or all of the physicals to interpret any concerns noted on the forms.

MSHAA Website Resources

- Heat/Hydration and Conditioning Recommendations
- Emergency Action Planning
- Skin Infections
- Sudden Cardiac Death in Athletes
- Concussions

The coach/AD need to know if the student was cleared for full participation or if they have restrictions.
What to do first?

• The school nurse should meet with the Athletic Director (AD) and/or administration to learn the district/school’s protocol for sports injuries and concussion management. While it is not the school nurse’s role to determine protocol, the nurse can be a valuable team member to provide input and guidance.

• The protocol should include notifying the school nurse when there is a sport injury or concussions to allow the school nurse to follow up with the student as needed in the school setting. Coordination and needed accommodations in the school setting assist with any care, coordination needed by the coach, family, student and provide updated assessment information to the coach/AD per the protocol.

• Decisions for return to play or participation depend on the district/school protocol and are usually the responsibility of the AD.

School Nurse Role in Sports Injury

• The student may present to the nurse office for an assessment and guidance (not diagnosis)
• Follow up to determine improvement
• Communication with coach, parent and/or medical provider (with parental consent)
• Coordinating care when needed
• Possible referral for a 504 Plan
School Nurse Role in Concussions

- What is a concussion?
- Severity
- Missouri House Bill 300 (MO State Statute 167.765)
  - Interscholastic Youth Sports Brain Injury Act (began 2011) – Requirements include reporting on concussions
  - When a concussion is diagnosed . . . . .
  - Education for staff, athletes, and parents
  - Communication

Main Points of the Interscholastic Youth Sports Brain Injury Act

- Education for coaches, youth athletes, parents and guardians of youth athletes of the nature and risk of concussion and brain injury including continuing to play after concussion or brain injury.
- Yearly report submitted on the number of concussions resulting during athletics
- A youth who is suspected of sustaining a concussion or brain injury in a practice or game shall be removed from competition for no less than 24 hours.
- A youth athlete who has been removed from play shall not return to competition until the athlete is evaluated by a licensed provider trained in the evaluation and management of concussions.
**Concussion Signs and Symptoms Checklist**

<table>
<thead>
<tr>
<th>Step</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Headache</td>
</tr>
<tr>
<td>2</td>
<td>Nausea</td>
</tr>
<tr>
<td>3</td>
<td>Vomiting</td>
</tr>
<tr>
<td>4</td>
<td>Memory loss</td>
</tr>
</tbody>
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**Return to Play**

[MSHSAA.org](http://www.MHSAA.org)
Return to activity and play is a medical decision. Progression is individualized, must be closely supervised according to the school’s policies and procedures, and will be determined on a case-by-case basis. Factors that may affect the rate of progression include previous history of concussion, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may be progressed more slowly as determined by the healthcare provider who has evaluated the athlete. After the student has not experienced symptoms attributable to the concussion for a minimum of 24 hours and has returned to school on a full-time basis (if school is in session), the stepwise progression below shall be followed:

Step 1: Light cardiovascular exercise.  
Step 2: Running in the gym or on the field. No helmet or other equipment.  
Step 3: Non-contact training drills in full equipment. Weight-training can begin.  
Step 4: Full, normal practice or training (a walkthrough practice does not count as a full, normal practice).  
Step 5: Full participation. Must be cleared by MD/DO/PA/CAT/ARNP/Neuropsychologist before returning to play.

The athlete should spend a minimum of one day at each step before advancing to the next. If concussion symptoms return with any step, the athlete must stop the activity and the treating healthcare provider must be contacted. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for 24 hours and then resume activity at a level one step below where he or she was when the symptoms returned.
Return to Learn – Possible Accommodations

Some Strategies for Addressing Concussion Symptoms at School

(Please note: these strategies will vary based on the student’s age, level of understanding, and emotional status)

Cognitive

- Concentrate first on general cognitive skills, such as flexible thinking and organization, rather than academic content.
- Focus on what the student does well and expand the curriculum to more challenging content as concussion symptoms subside.
- Adjust the student’s schedule as needed to avoid fatigue; shorten, time more challenging classes with time when student is most alert, allow for rest breaks, reduced course load.
- Allow extra time for tests/in-class assignment completion.
- Help the student create a list of tasks and/or daily organization.
- Assign a peer to take notes for the student.
- Allow the student to record classes.
- Increase repetition in assignments to reinforce learning.

CDC.gov
Athletic Trainers

- Athletic trainers are health care professionals who collaborate with physicians. The services provided by ATs comprise prevention, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of the injuries and medical conditions.
- All certified athletic trainers must be licensed before they can work in Missouri.
- Districts often have an AT on staff or contract with an agency for the services of an Athletic Trainer.
- Districts in Missouri are not required to have an AT on staff or available for athletics.

Returning to our role . . . . . .

- **Advocacy** – Advocating for student athletes with sport injuries to return to the educational setting and be successful
- **Education** – Providing concussion and injury information to athletes, parents, coaches, and school staff
- **Care Coordinator** – Coordinating care which might include medical or mental health care, physical therapy, transportation, or medical equipment. Coordinating with educational staff regarding academic needs.
- **Care Provider** – Assessments, follow up medical care, assessment updates, provider to parent, coach, and/or medical provider

Resources

- CDC Heads Up - [https://www.cdc.gov/headsup/resources/index.html](https://www.cdc.gov/headsup/resources/index.html)
- Missouri State High School Activities Association - [MSHSAA.org](https://www.mshsaa.org)
- Return to Learn – [Getschooledonconcussions.com](https://www.getschooledonconcussions.com)