

2021 State Track and Field Meet
May 28-29 – MDU Resources Community Bowl
IMPORTANT Sports Medicine Information

Dear Coaches and Athletic Directors,

- Sports medicine coverage for the state and field meet will be provided by Sanford Orthopedics & Sports Medicine Bismarck. Certified Athletic Trainers from Sanford and athletic training students from the University of Mary will be present prior to, during, and following all track and field events throughout the entire meet.
- Dr. Jon Kolberg from Sanford Orthopedics & Sports Medicine Bismarck will also be present at the Bowl throughout the entire meet.
- Metro Area Ambulance Service will be on-call and staffed accordingly to respond in case of an emergency.
- Sanford Sports Medicine's medical headquarters will be located on the west end of the Bowl, just behind the scoreboard in the NORTH athletic training room (*just look for the big blue Sanford tent*). It will be staffed beginning at **8:00 a.m.** on **Friday** May 28th and **7:45 a.m.** on **Saturday** May 29th. They are available to assist you with taping and other pre-event/post-event needs.
- Specific COVID Protocols
 - **We ask that you please bring your own kit with all the necessary tape, pre-wrap, and other supplies for your athletes.**
 - Sports medicine staff are required to wear surgical facemasks covering nose and mouth during all interactions that occur with athletes or when care is being delivered.
- There will not be any heat or other modalities available at the Bowl. If you need specific modality treatments, please arrange for alternative treatment methods as needed for your athletes. There will be ice available both days.
- In addition to the medical headquarters, Certified Athletic Trainers will be present at 1) the finish line located at the northwest corner of the track, 2) under the National Guard tent on the southeast corner of the track by the pole vault and long jumps areas, and 3) under the National Guard tent on the west field during the throwing events. All Certified Athletic Trainers will be wearing Sanford Orthopedics & Sports Medicine apparel so they are easily identifiable.
- If the pole vault is moved indoors due to inclement weather, a Certified Athletic Trainer from Sanford will be present at that facility.
- The sports medicine staff will follow the NDHSAA Concussion Management Procedure.
- If you wish to have your own team/personal medical provider be responsible for your athletes, please complete the NDHSAA Transfer of Care Form and present it to the Certified Athletic Trainer during the coach's meeting on Thursday May 27th. **All Transfer of Care forms must be completed and submitted prior to the start of the meet.** Only licensed and certified medical practitioners who have submitted the Transfer of Care Form will be allowed to evaluate and treat athletes on the Bowl premises – this includes on the track/field, in the stands, in the locker rooms and in the first aid area.
- In the absence of a Transfer of Care Form, all decisions on the athlete's fitness to compete will be made by the Sanford Orthopedics & Sports Medicine Bismarck staff.

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Please find a copy of the NDHSAA Concussion Management Procedure and Transfer of Care forms along with this letter. Copies of these documents are also available on and may be downloaded from the NDHSAA website.

http://www.ndhsaa.com/files/NDHSAA_Concussion_Policy.pdf

http://www.ndhsaa.com/files/Transfer_of_Care_Form.pdf

If you have questions, please feel free to contact myself or Dave Zittleman, Activities Director, Bismarck Public Schools, 701-323-4079, dave_zittleman@bismarckschools.org.

Sincerely,

Blaine A. Steiner, MS, LAT, ATC

Blaine A. Steiner, MS, LAT, ATC
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**North Dakota High School Activities Association
Concussion Management Procedure
In Accordance with North Dakota State Law**



In response to North Dakota State Law, the NDHSAA Board of Directors recommends the following procedures.

Concussion Management Administration

NDHSAA registered officials, coaches and individuals directly responsible for the student during practice, training and competition are required to review and know the signs and symptoms of a concussion. They are to immediately remove any athlete who displays the following signs or symptoms:

- Headache
- Fogginess
- Difficulty concentrating
- Easily confused
- Slowed thought process
- Difficulty with memory
- Nausea
- Lack of energy, tiredness
- Dizziness, poor balance
- Blurred vision
- Sensitivity to light and sounds
- Mood changes—irritable, anxious or tearful

The concussion management program must require that a student be removed from practice, training, or competition if:

- The student exhibits any sign or symptom of a concussion.
- A licensed, registered, or certified health care provider whose scope of practice includes the recognition of concussion signs and symptoms determines, after observing the student, that the student may have a concussion.
- The duty to remove a student under the above conditions extends to:
 - Each official
 - The coach of a student
 - Any other individual designated by the school district or nonpublic school as having direct responsibility for the student during practice, training or competition.

Procedure to follow if an athlete is removed

- Student who is removed must be evaluated as soon as practicable by a licensed health care provider who is acting within the provider's scope of practice and trained in the evaluation and management of concussion, as determined by the provider's licensing board.

Procedure regarding an authorization to return to training/competition

- A student who is evaluated and believed to have suffered a concussion may not be allowed to return to practice, training or competition until the student's return is authorized by a licensed health care provider as previously stated.
 - The authorization provided to the school must be :
 - In writing
 - Retained by the school district for a period of seven years after conclusion of the student's enrollment.
 - Any health care provider who signs an authorization is acknowledging they are acting within their scope of practice and trained in the evaluation and management of concussion as determined by the provider's licensing board.

In the event a Transfer of Care form has not been previously filed with event management, school /NDHSAA designated health care providers shall not have their decision regarding an athlete's ability to return to competition overruled by any other health care provider.

School districts or nonpublic schools shall ensure that before a student is allowed to participate in the athletic activity, the student and the student's parent shall document that they have viewed information regarding concussions incurred by students participating in athletic activities.

- The required information must be provided by the student's school district or nonpublic school and must be made available in printed form or in a verifiable electronic format.
- It is highly recommended that every coach, official, student-athlete and parent should successfully complete the 20 minute NFHS online course "**Concussion in Sports—What You Need to Know**". The course can be accessed at: www.nfhslearn.com

WHEN IN DOUBT...SIT THEM OUT

North Dakota High School Activities Association

Box 817

Valley City, ND 58072

Phone: 845-3953

Fax: 845-4935

www.ndhsaa.com

Transfer of Care Form

If you wish to have your own team/personal medical provider be responsible for your athletes, complete this form and return it to the medical staff at the tournament/contest. Team providers must review proper protocol with the event medical personnel prior to the contest and inform them of their specialty.

Transfer of care can be made only to a North Dakota licensed medical provider

I herewith transfer the care of _____ of _____
(Individual name or entire team) (School name)

To _____
(Athlete's private/team medical provider)

License No. _____ and expiration date _____, for continuing medical services throughout

The _____ held on _____
(tournament/contest) (dates of event)

Date Signed

Coach/AD/Principal

School Medical Provider

Tournament Medical Provider

Note: Parents' signature is required for individuals. I affirm I am the parent of the student athlete(s) identified above and I am transferring responsibility for the medical care of my student athlete(s) to the North Dakota licensed medical provider identified above.

Date Signed

Parent Signature