



**Belhaven University:
Dance Clinic
Policies & Procedures
Manual**

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SECTION ONE

Mission & Vision Statement:

Belhaven University prepares students academically and spiritually to serve Christ Jesus in their careers, in human relationships, and in the world of ideas.

Belhaven University affirms the Lordship of Christ over all aspects of life, acknowledges the Bible as the foundational authority for the development of a personal worldview, and recognizes each individual's career as a calling from God. Each academic department is committed to high academic goals for its students and clarifies the implications of biblical truth for its discipline. Belhaven upholds these commitments in offering undergraduate and graduate programs, by conventional or technological delivery modes, and in local, national, and international venues. The University requires a liberal arts foundation in each undergraduate degree program, in order to best prepare students to contribute to a diverse, complex and fast-changing world.

By developing servant leaders who value integrity, compassion, and justice in all aspects of their lives, the University prepares people to serve, not to be served.

Statement of Faith:

We believe that there is only one God, eternally existent in three persons: Father, Son, and Holy Spirit.

We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.

We believe the Bible to be the inspired, inerrant, and only infallible, authoritative Word of God, which exercises ultimate authority over the individual, the Church, and human reason.

We believe that justification through Christ is received by repentant sinners through faith alone, without works.

We believe that God, by his Spirit, progressively transforms the lives of those who are justified by God.

Preface:

The purpose of this manual is to inform the staff, faculty, and students about the policies and procedures of the Belhaven University Dance Clinic.

SECTION TWO

Hours of Operation:

Clinic Hours

Monday-Friday

8:30 a.m. - 4:30 p.m.

All school holidays will be observed and the dance clinic will be closed during those times.

These hours are subject to change based on AT availability.

Clinic is located Room 129 of Bitsy Irby Visual Arts and Dance Center. The number for the clinic is 601-965-7003, or campus ext. 8134.

Personnel:

Victoria Fautroy, MS, LAT, ATC

Qualifications:

BOC certification and the National Athletic Trainer's Association (NATA)

Licensed by the State of Mississippi

CPR/First aid/ AED certifications

Mental Health First Aid certified

Responsibilities:

The AT is in charge of running the dance clinic and all its entities. She covers Dance Department classes, rehearsals, and performances.

Job Description:

The Belhaven University Dance Department has established the need for an athletic trainer to be on-site during class times, rehearsals, and performances to provide the dancers and staff with the correct care needed in prevention, evaluation, treatment, conditioning, and rehabilitation of dance-related injuries. The athletic trainer is responsible for providing medical coverage of all dancers with dance-related injuries at Belhaven University. The athletic trainer must maintain and adhere to the regulations of the Board of Certification, State of Mississippi Licensure Laws, and all Belhaven University policies and procedures, like those of regular staff/faculty.

Ethical Codes of Conduct:

Personal/ social conduct:

The Dance Athletic Trainer should conduct herself with professionalism. She is a representative of the Belhaven University Dance Department and should present herself in good standing and respect for herself and the university.

Service equality:

Every Dance Department student, faculty, and/or staff member that comes into the dance clinic at Belhaven University will be treated no matter their race, gender, ethnicity, way of living, and/or disability.

Sexual Harassment:

Any unwanted sexual advances, jokes, remarks, gestures, etc., will not be permitted. If such actions occur by any employee, immediate expulsion and investigation will occur.

Confidentiality:

All paper work and patient information is to be kept confidential and is only to be used within the Dance Department for student care purposes.

SECTION THREE

COVID-19 Procedures

The Department of Dance at Belhaven University is committed to a safe return for all dancers. The health and safety of students, faculty, staff, and campus guests remain our highest priority.

Dance students are expected to follow the campus guidelines outlined in the Belhaven Promise. These additional guidelines must also be adhered to in order to participate in dance. It is important to remember that everyone is responsible for their own personal health and safety.

Any vulnerable dance student, dance healthcare provider, and dance personnel should consult with their primary care physician to determine the safety of return to work, campus, and dance. Vulnerable populations include individuals with underlying health conditions such as high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune system is compromised.

General Guidelines:

- Dance students that are currently experiencing symptoms associated with COVID-19 should **NOT** enter the dance clinic or dance studio(s). They should stay in their room and contact the Dance Athletic Trainer via phone to determine a plan of action.
- Dance students and the Dance Athletic Trainer must wear masks when in the dance clinic.
- Dancers must sanitize their hands upon entering the dance clinic.
- The Dance Athletic Trainer will determine the number of individuals that can safely be in the dance clinic at one time. Please do not enter the clinic without permission
- The Dance Athletic Trainer will be responsible for sanitizing equipment in the dance clinic
- Lingering and meandering in the clinic is prohibited
- Dance students may be in the clinic only during appointments, office hours, or emergency situation.
- Dance students should not eat ice that is made from the ice machine in either the first aid room or dance clinic

Daily COVID Symptom Checklist

Per the Belhaven Promise, all dance students, faculty, and staff should be monitoring their personal health and safety daily.

Dance students must complete the daily COVID Symptom Checklist before attending their first dance class using the following link ([symptom checklist](#)) or QR code posted on the studio doors in the Bitsy Irby Visual Arts and Dance Center

These guidelines and procedures are subject to change as additional information becomes available. Students are expected to adhere to the Belhaven Promise off-campus as well.

Belhaven Promise

COVID-19 Symptoms may be experienced by people of all age groups, yet many people who have the virus do not exhibit symptoms. **SYMPTOMS MAY INCLUDE:**

- Fever
- Cough
- Shortness of breath or pain/difficulty breathing
- Weakness
- Fatigue
- Nausea
- Vomiting
- Diarrhea
- Changes to taste and smell

Dance students who have any COVID-19 related symptoms or a fever over 100.4 and/or chills must not come to campus or leave their residence hall room. **IF THIS IS YOU:**

- Residential students – Isolate yourself in your room and immediately contact your Residential Assistant (RA) or Resident Director (RD)
- Commuter students – Do not come to campus and immediately contact the Office of Student Development (601-968-5969 or sdevelopment@belhaven.edu), so they are aware you will not be coming to campus
- Seek medical help. Jackson, MS offers the best healthcare in the region, most locations less than a mile from the Jackson campus. Local resources include:
 - University of MS Medical Center – Free COVID-19 screening. Call 601-496-7200 (8:00 am – 5:00 pm, M-Sat), or online at <https://covidschedule.umc.edu/>
 - Baptist Health Systems – If you do not have a local doctor, call 855-733-8863 to be referred to a local physician
 - Mississippi State Department of Health – Up-to-date resources and information online at <https://msdh.ms.gov/msdhsite/static/14,0,420.html>

- If your symptoms are severe, call 911 or call your nearest emergency department before going there. Severe symptoms include: trouble breathing, persistent pain or pressure in the chest, confusion, inability to wake or stay awake, and bluish lips or face.
- As soon as you are able, contact your professors about assignments and accommodations
- Students who test positive for COVID-19 will be required to quarantine off campus, including returning home until medically cleared to return to campus
- Students will not be academically penalized for missing classes or assignments because of their COVID-19 illness

FACULTY/STAFF who have any COVID-19 related symptoms or a fever over 100.4 and/or chills must not come to work. **IF THIS IS YOU:**

- Self-isolate at home
- Call your doctor first to discuss your symptoms. If you need to go in, the office will be prepared for you
- If your symptoms are severe, call 911 or your nearest emergency department before going there
- As soon as you are able, notify your supervisor
- Faculty and staff who test positive for COVID-19 will be required to quarantine at home until medically cleared to return to campus

SECTION FOUR

Safety Procedures

Blood Borne Pathogens:

By OSHA standards, all fluids considered to have BBP should be managed and disposed of with caution. Procedures include:

1. Latex or surgical gloves should be worn anytime contact with blood, mucous membranes or non-intact skin takes place; for example, abrasion, bloody noses or lacerations. Gloves should be changed immediately after use on each individual and placed in the biohazard containers in the first aid room or in the individual biohazard bag in the dance clinic.
2. Hands should be washed after gloves are removed.
3. Existing wounds, abrasions or cuts which may begin to bleed during a practice or performance should be covered with a protective dressing to avoid the wound from reopening, and require removal from the practice or competition to care for the wound.
4. Sharp items such as needles, scalpels or syringes must be disposed of after use in the SHARPS containers in the dance clinic.
5. Wounds that are bleeding must be covered by a dressing that will prevent blood from oozing through the Band-Aid or gauze that is applied.

Bodily Fluid Cleanup:

Small Spills:

Surfaces contaminated with blood should be cleaned using the solution in the spray/foam can. Wipe up the blood with paper towels and deposit towels in the biohazard waste bag. Make sure gloves are worn.

Large Spills:

1. Put on gloves
2. Use personal protective equipment.
3. Deposit all waste in the biohazard containers dance clinic.

EAP/Medical Services:

Emergency Action Plan:

Each facility on campus has their own Emergency Action Plan. Injury-related emergencies will be managed by the AT in collaboration with the Chair of Dance. The University Emergency Action Plan can be accessed at <http://www.belhaven.edu/pdfs/campus-operations/Security-Report.pdf>.

Safety Equipment:

The Belhaven University Dance Department will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required.

Biohazard equipment:

Sharps containers:

- Needles
- Scalpels
- Syringes

Trash receptacles with biohazard bags

Personal Protective Equipment:

Gloves

Goggles

Disinfectant sprays: Bleach; all of these must be approved by OSHA.

Spine boards/ AED:

In case of emergencies, a spine board and AED are on site with easy access. This equipment will be tested periodically to ensure proper function.

EMS services:

An EMS may be contacted in an emergency situation by request of the Dance Athletic Trainer or staff/faculty member in charge. If an ambulance is required, Campus Security will also be notified.

Building Operations:

Emergency Procedures

Emergency Situations:

1. Locate a responsible person to stay with the injured patient.
2. Contact the Dance Athletic Trainer and/or EMS (911).
3. If EMS is called, notify Campus Security.
4. Once the Dance Athletic Trainer or EMS has responded, they can make the appropriate decisions regarding patient care.

Emergency Communication:

1. The athletic trainer, student, faculty or staff will designate an individual to call EMS.
2. If a dancer is injured during a non-traditional occurrence (class room setting), the faculty member/teacher should send someone into the dance clinic or call the dance clinic. If the athletic trainer is not available, the faculty should call EMS at 911.
3. The individual who calls the EMS unit will provide the following information:
 - a. Primary survey status
 - b. Detailed information of emergency
 - c. EXACT location of injured person
 - d. EXACT location of where EMS should arrive
4. The staff or athletic trainer will designate an individual to wait for the EMS unit at the entrance to the Bitsy Irby Building.
5. The athletic trainer should be called immediately if not present.
6. The parents of the injured/ill student-athlete will be called and notified of the injury/illness.

Emergency Equipment:

1. An EMS unit will be called if needed according to the plan under Emergency Communication.
2. An AED and spine board will be located in the Bitsy Irby building on the second floor first aid room.

Non-Emergency Situation:

In the event of a non-emergent situation, the Dance Athletic Trainer will be notified and provide all necessary medical coverage either upon day of injury or next working day in the clinic. If the athletic trainer is not present, the staff/faculty present will make the proper decision for treatment and care to the best of their knowledge and will contact the athletic trainer.

SECTION FIVE

Dance Clinic in Bitsy Irby Visual Arts and Dance Center

Participation Agreements:

Waivers and Assumption of Risk Forms:

The waivers and assumption of risk forms are to increase awareness to the individual, his/her parents, faculty and staff, and the Dance Athletic Trainer.

Medical History and Emergency Contact:

Prior to participation, a medical history and emergency contact form must be completed with current information. This form will stay in the dance clinic or with the Dance Athletic Trainer at all times.

Pre-participation Exams:

Physicals and required forms must be completed by all participants. These forms will be kept in the dance clinic in a file cabinet. A full physical exam (including blood pressure, pulse, height, and weight) by a Licensed Physician is required prior to any participation in any classroom, rehearsal, or performance.

Dance Screenings:

All new, incoming students must have a dance screening completed by the Dance Athletic Trainer during the first couple of weeks in the semester. A sign-up sheet will be sent to dancers to make an appointment for the screening. This screening is an assessment of the dancer's posture, alignment, strength, and flexibility.

Documentation:

Care provided by the AT will be documented each day. The AT manages records of supplies, treatment logs, SOAP notes, referrals and injury reports.

Dance Injury Forms:

Injury report forms will be kept with each dancer's file.

Injury and Progress Notes:

Injury and progress notes will be completed daily. Rehabilitation logs will be kept on all rehabilitation done in the dance clinic.

Non-dancers:

Due to liability issues, the Dance Athletic Trainer only provides treatment to Belhaven University Dance Department students and faculty. She will make appropriate referrals.

Belhaven University Dance Clinic

Policies and Procedures

The Belhaven University Dance Clinic policies and procedures are designed to encourage students to become active participants in the care and, in the case of injury, rehabilitation of their bodies when working with healthcare practitioners and dance faculty. The Dance Athletic Trainer and dance faculty equip students to make wise decisions about the well-being of their bodies when injured. We endeavor to be good stewards of the students' bodies and encourage students to be good stewards as well.

1. All dance majors and minors are required to have a physical evaluation by a physician and complete the necessary Pre-Participation Medical History Evaluation, Consent, and Assumption of Risk forms prior to arriving on campus. The forms can be found on the [BU Dance Department website](#). The Dance Athletic Trainer cannot provide evaluation or treatment until all forms are completed and submitted.
2. Incoming dance majors and minors will meet with the Dance Athletic Trainer during the first couple of weeks in the semester for a dance screening to discuss and review physical health records and any concerns related to injury care and prevention in preparation for the upcoming school year. A sign-up sheet will be sent to dancers to make an appointment for the screening.
3. Dance faculty and staff take preventative measures for students' physical well-being throughout the dance curriculum at Belhaven University. However, as a dance major/minor in a physically demanding discipline, injuries may occur. It is highly recommended that students have reliable health insurance coverage in the event of emergency. If health insurance is needed, student coverage options are available through Transamerica underwritten by E. J. Smith and Associates at www.ejsmith.com.
4. Injuries sustained within the Dance Department and on Belhaven University's Campus must be reported by the student to dance faculty, and seen by the Dance Athletic Trainer for evaluation and treatment. An appointment should be scheduled with the Dance Athletic Trainer in a timely manner following injury. Clinic appointments can be made at www.budanceclinic.skedda.com under the individual student's account.
5. After initial evaluation by the Dance Athletic Trainer, the student will be given an appropriate care regimen and follow-up instructions. At each follow-up clinic visit the student will be given further treatment, rehabilitation instructions, and necessary limitations as determined by the Dance Athletic Trainer. Dancers may be asked to sign a treatment agreement form to ensure that treatment and rehabilitation instructions are understood and followed. As part of treatment, the student may be required to either participate with restrictions or refrain from participation in classes and rehearsals. In any case, the student must attend dance classes and rehearsals, and/or report to the clinic when necessary for treatments. If class activity is limited, the Dance Athletic Trainer will give the student a red slip (no activity) or a yellow slip (restricted activity) to present to dance faculty at the beginning of *each* class period. Students who are restricted from full activity in a dance class will also be restricted from participation in rehearsals.
6. If a dance student is under a red or yellow slip, the Dance Athletic Trainer will determine the time frame in which to return to activity. If a student receives a red slip from the Dance Athletic Trainer, the AT in collaboration with the dance faculty will direct the student to either observe class or to use class time to work toward rehabilitation. If a student with a red slip observes class and/or uses class time for rehabilitation purposes, s/he will not be counted absent. If a student is unable to participate in class for more than two weeks due to an injury/red slip, the student will need a medical drop for all affected courses. If limitations in class through a yellow slip reach a total of four weeks, the student will also need a medical drop for those corresponding courses. Dance faculty will be in close communication with the Dance Athletic Trainer and the injured student throughout this process to determine the best possible plan of action.
7. The Dance Athletic Trainer works with specific medical professionals in the Jackson area. These relationships give the Dance Athletic Trainer critical involvement in the outside care of the dancer, which is imperative in decision-making regarding class participation. Please consult the Dance Athletic Trainer before seeking outside medical assistance. If the Dance Athletic Trainer deems an injury severe or is not responding well to treatment, then she will make referral to necessary outside medical professionals: orthopedics, general practitioners, chiropractors, counselors, etc. The Dance Athletic Trainer will either arrange or give the student specific details to set up outside appointments. Please see the list of preferred professional medical contacts for reference.
8. The Dance Athletic Trainer will maintain communication with the Dance Chair and Dance faculty regarding care and injury status of each dancer.

Other policies and information:

Students choosing to seek outside physical therapy services:

- Students should have weekly appointment(s) for rehabilitation and/or treatment.
- Student must effectively communicate the following information to the Chair of the Dance Department and all technique course instructors:

Location of Physical Therapy Clinic

Dates and times of all PT visits

Any/all limitations for class activity on a weekly basis

- Physical Therapist must submit weekly progress report to Dance Department via fax or email.
- Student must submit any follow-up visit reports and a signed doctor's release letter for full participation to the Chair of the Dance Department and all technique course instructors.

STUDENTS WHO DO NOT COMPLY WITH THESE GUIDELINES MAY BE ASKED TO DROP DANCE COURSES.

Illness:

Please refer to the University's list of suggested local medical clinics (http://www.belhaven.edu/campus_life/Life/health.htm) for care of illness or other medical issues.

Counseling:

Belhaven University offers on-campus counseling to any student. Please see the University's counseling services page for more details (http://www.belhaven.edu/campus_life/Life/counseling.htm).

SECTION SIX

Mental Health Policies and Procedures

Overview

The Belhaven University Dance Department and Dance Athletic Trainer assist in the overall healthcare of the dance majors and minors. The purpose of this mental health guideline is to define mental health, identify specific members of the healthcare team who will oversee potential incidences, and to outline the necessary steps to manage an acute or chronic mental/behavioral health situation.

Guidelines for the identification, management, and treatment of mental health issues of students have been provided through the Best Practices for Understanding and Supporting Student-Athlete Mental Wellness derived from the NATA and NCAA (https://www.ncaa.org/sites/default/files/HS_Mental-Health-Best-Practices_20160317.pdf).

Mental Health

Mental health is defined as the emotional, psychological, and social well-being of a person. For the purpose of these guidelines, mental health issues will be categorized as acute or chronic. Acute emergencies are defined as sudden changes in mental conditions, i.e. perceived suicide attempt or changes in mental status; these conditions may require hospitalization. Chronic conditions include: depression, anxiety disorders, or other previously diagnosed mental conditions.

Mental Healthcare Team

BU Dance Athletic Trainer
Victoria Fauntroy, MS, LAT, ATC
vfauntroy@belhaven.edu

BU Assistant Vice President of Student Development & Dean of Students
Dr. Greg Hawkins
ghawkins@belhaven.edu

BU Counselor
Anna Marie Dempsey
counselor@belhaven.edu

UMC Lifestyle Medicine
Josie Bidwell, NP
601-984-2233

National Suicide Hotline
800.279.8255

Mental Health: Prevention

BU Dance Department takes a proactive approach to mental health concerns by adding the mental health questionnaire to the new and returning dancers' pre-participation documentation. At risk dance students identified through the PPE MH screening may be provided an additionally detailed questionnaire. The Dance Athletic Trainer will determine the need for further evaluation by a member of the Mental Healthcare Team.

Mental Health Protocols

If a student reports a mental health emergency (including but not limited to harming him/herself or others, obvious severe changes in mental status, or other destructive behaviors), the Dance Athletic Trainer or supervising staff/faculty will notify the Dean of Students to develop a plan of care.

Should any student exhibit any symptoms of depression, anxiety, sleep disturbances, or substance abuse, an additional survey from the Mental Health Best Practices Manual may need to be completed by the student and then followed up with the Dance Athletic Trainer. At which point, the AT will make the recommendation for follow-up with the appropriate mental healthcare provider.

Upon a student seeking treatment in a mental healthcare crisis, the Dance Athletic Trainer will follow-up with involved mental healthcare providers to ensure proper treatment and smooth transition upon return to classes and rehearsals. Dance faculty will be notified of any and all updates.

In the event a student reports any disturbances to the Dance Athletic Trainer or if the AT becomes concerned, an appointment will be set up between the student and the athletic trainer. The Dance Athletic Trainer will then contact the appropriate member of the Mental Healthcare Team to establish the best plan of care for the involved student.

In the event of a student's teacher or friend becoming seriously concerned of a mental health condition or crisis, the concerned person should make immediate referral to the Dance Athletic Trainer. From there, the appropriate member of the Mental Healthcare Team will be contacted to establish the best plan of care for the involved dancer.

Class Absences due to mental health condition

Class participation is important, and students missing more than 20% of classes will fail the course and receive an F (except in the case of unique medical or family extenuating circumstances to be considered in consultation with the Registrar).

8 absences for a class that meets 3 times a week

6 absences for a class that meets 2 times a week

3 absences for a class that meets once per week

Persistently arriving late or leaving early may impact a student's grade.

Mental health conditions that result in missed classes need to be communicated to dance professors. Students should demonstrate that they are receiving appropriate treatment and report consistent follow-up care to the dance department by the mental healthcare professional. Mental health issues resulting in more than 20% of missed classes will be addressed on a case-by-cases basis, to be considered in consultation with any treating health care professionals, Department Chair, Provost, and Registrar.

SECTION SEVEN

Panic Attack Description

A panic attack is often a reaction to fear (either conscious or unconscious), and some of the strange physical reactions you experience during one are the result of your body reacting to this fear. Common catalysts of panic attacks include:

- Anticipatory anxiety. You become mentally anxious over a past, traumatic event, and your body responds as if it will happen again right away. Catalysts can include photographs, conversations, or anything that triggers the bad memory.
- Self-defeating visualization. You may not only picture yourself re-experiencing a traumatic event, but you may also fear losing control of a current situation and not being able to handle it. You interpret the situation as potentially dangerous, and your body secretes adrenaline to prepare for crisis.

Signs and Symptoms

Because anxiety appears in so many different conditions, it can look very different from person to person. Some people express their anxiety emotionally, while others show signs of physical distress. The unifying factor, however, is a sense of overwhelming, irrational fear. Here are some signs that someone is experiencing anxiety:

- Excessive worry with an inability to control it
- Intense episodes of fear or panic
- Difficulty concentrating
- Physical symptoms such as nausea, stomach pain, rapid heart rate, muscle tension, sweating, shaking, dizziness, numbness, or difficulty breathing

In the case of a panic attack during class or rehearsal

1. Designate a student that will notify the Dance Athletic Trainer
2. Upon arrival, the Dance Athletic Trainer will take the dancer outside of class and escort the student to the first aid room to calm him/her down and tend to the situation
 - a. Following the recovery of the dancer, the Dance Athletic Trainer will document the situation
3. If necessary, the Dance Athletic Trainer will measure the dancer's oxygen saturation using a pulse oximeter
 - a. If the dancer's oxygen saturation is below 90% or continues to drop, the Dance Athletic Trainer will call EMS (911) for further evaluation
 - b. After EMS is called, Campus Security will be notified
4. If the dancer loses consciousness, the Dance Athletic Trainer will

- a. Check the dancer's ABCs (airway, breathing, circulation) and will call for someone to retrieve the AED
 - b. Call EMS (911) and notify Campus Security
 - c. Document the situation
5. If the Dance Athletic Trainer is not present, the staff/faculty will work to calm the dancer and de-escalate the situation
 - a. Following the situation, the Dance Athletic Trainer should be notified of the situation
6. If the dancer loses consciousness and the Dance Athletic Trainer is not present, the staff/faculty will
 - a. Check ABCs and retrieve the AED
 - b. Call EMS (911) and notify Campus Security
 - c. Call the Dance Athletic Trainer and
 - d. Report the situation
7. If a dancer continues to experience panic attacks over the semester, s/he will be referred to a member of the Mental Healthcare Team for further evaluation and treatment

General Guidelines when treating someone experiencing a panic attack

1. Be calm
2. Be patient
3. Don't be condescending
4. Remind the student that they're not crazy
5. Sit with the dancer
6. Ask the dancer to tighten and relax their muscles one by one
7. Remind the dancer that they are breathing
8. Engage the dancer in a discussion (if they can talk, then they can breathe)
9. If the dancer is having trouble breathing, try getting them to exhale slowly or have them breathe through their nose
10. Put their hands their stomach to feel each breath

SECTION EIGHT

Concussion Protocol

Introduction

A concussion is defined as a change in the brain's function following any force to the head which may or may not involve a temporary loss of consciousness that leads to neurologic and cognitive dysfunction.¹ Because concussions can vary widely in their severity, clinical trajectory, and duration, each case should be evaluated and treated on an individual basis, however this document will provide general guidelines for concussion management best practices.²

This policy has been formulated according to the best available evidence and adheres to all guidelines set by the NCAA and NATA. This policy will be reviewed and updated annually by the Dance Athletic Trainer.

Concussion Management

1. Belhaven University maintains an up-to-date emergency action plan for the Bitsy Irby building to respond to emergency situations. If the head injury is deemed an emergency, the emergency action plan should be activated immediately. All of the following will constitute an emergency:^{1,2}
 - a. Glasgow Coma Score less than 13
 - b. Prolonged loss of consciousness (longer than one minute)
 - c. Focal neurological deficit suggestive of intracranial trauma
 - d. Repeated vomiting
 - e. Persistently diminished or worsening mental status or other neurological signs or symptoms
 - f. Associated cervical spine injury
2. The Belhaven University Dance Athletic Trainer will be empowered to determine management and return to class/rehearsal of any injured or ill dancer, as she seems appropriate. The Dance Athletic Trainer will practice within the standards established by her professional practice.¹
3. Medical personnel with training in the diagnosis, treatment, and initial management of concussion will be present at all classes and performances.
4. Initial Assessment
 - a. Any dancer who is suspected of having a concussion should be immediately removed from participation. Suspicion may be based on a blow to the head,

whiplash type mechanism, any signs and symptoms of concussion, or other reasonable evidence. If the Dance Athletic Trainer is present, they will be assessed immediately on site. If the Dance Athletic Trainer is not present, the faculty or staff member is responsible for holding the dancer from participation for the remainder of that day and contacting the Dance Athletic Trainer to ensure the dancer is evaluated as soon as possible.^{1,2}

- b. The initial assessment will be performed by the Dance Athletic Trainer and will evaluate for possible concussion while ruling out more serious brain injury, skull fracture, or cervical spine injury that may warrant activation of the emergency action plan and/or referral to the hospital.¹
 - c. A brief initial assessment should take place that may include but is not limited to: a thorough history, symptom assessment, physical assessment of injured area, neurological assessment, cognitive assessment, and balance assessment.¹
 - d. If the dancer is suspected of having a concussion after the initial assessment, they should be moved to a more controlled environment when possible to perform the SCAT5 or modified sideline SCAT5.^{1,2}
 - e. Diagnosis of concussions will be the result of the clinical evaluation and will be supported with assessment tools including, but not limited to the SCAT5.
 - f. Dancers that sustain a concussion during non-dance-related activities will be managed in the same manner as those that sustain them during dance-related activities
5. After Diagnosis
- a. Dancers who are diagnosed with or suspected of having a concussion by the Dance Athletic Trainer will be held from participation for the remainder of that day.¹
 - b. The dancer will be monitored for deterioration. Both oral and written instructions for monitoring will be provided to the dancer and a roommate, family member, or other responsible party.^{1,2} (Appendix C)
 - c. The dancer should rest from physical exertion until cleared by the Dance Athletic Trainer. Physical exertion includes, but is not limited to running, jumping, walking long distances, turning, or other forms of exercise.^{1,2}
 - d. The dancer should also rest from mental exertion until cleared by the Dance Athletic Trainer. Examples may include reading, texting, video games, watching

film, working on a computer, classroom work, or taking an exam. These activities should only be done as tolerated by the dancer.^{1,2}

- e. The dancer should check-in with the Dance Athletic Trainer each day after a concussion diagnosis. Serial re-assessment should be conducted appropriately throughout the student-athlete's recovery process. This re-assessment includes daily progress notes and SCAT5 symptom checklists. The Dance Athletic Trainer should pay special attention to signs of depression or other emotional responses to the injury.^{1,2}
 - f. The Dance Athletic Trainer will appropriately document the initial injury as well as daily check-ins with the dancer following the injury. Documentation should include at minimum: mechanism of injury; initial signs and symptoms; state of consciousness; findings of the physical and neurological exam and results from neurocognitive and balance testing; instructions given to the patient and/or parent, guardian, or roommate; notes from Return to Play progression; and any notes regarding patient's concussion history.²
 - g. The Dance Athletic Trainer will email professors for appropriate classroom accommodations and contact Dr. Greg Hawkins. See guidelines for **Return to Learn** (Appendix B).
 - h. Dancers should return to mental and physical exertion gradually and guided by their symptoms. See guidelines for **Return to Learn** (Appendix B) and **Return to Dance**.^{1,2} (Appendix C)
 - i. Some dancers may experience symptoms for a prolonged period of time. These dancers may be allowed to participate in light, low-risk physical and cognitive activities as guided by their symptoms and at the discretion of the Dance Athletic Trainer.¹
 - j. The Dance Athletic Trainer should incorporate concussion rehab activities and pain management strategies into their treatment of concussions that are specific to the dancer's clinical trajectory (vestibular, oculo-motor, cognitive, fatigue, migraine, cervicogenic, and anxiety/mood). Rehab activities may include, but are not limited to: gaze stability, proprioception, postural control, dynamic gait, and other vision and vestibular therapies. Activities should be progressed as guided by the dancer's symptoms.¹
6. Prolonged Recovery
- a. All dancers who are diagnosed with a concussion will be seen by Dance Athletic Trainer for evaluation before they are allowed to return to dance.

- b. Dancers who have especially severe, persisting, or worsening symptoms over two weeks will be referred to a physician for further evaluation. This determination will be made by the Dance Athletic Trainer.¹
- c. Dancers with a history of multiple concussions, who have increasing severity of injury with lessening of injuring forces should be referred to a physician for further evaluation.²
- d. Dancers with prolonged recovery will work closely with the Dance Athletic Trainer for long-term academic accommodations.¹

References

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2. Broglio SP, Cantu RC, Gioia GA, et al. National Athletic Trainers' Association Position Statement: Management of Sport Concussion. *Journal of Athletic Training*. 2014;49(2):245-265. doi:10.4085/1062-6050-49.1.07
3. Sport concussion assessment tool - 5th edition. *Br J Sports Med*. April 2017;bjsports-2017-097506SCAT5. doi:10.1136/bjsports-2017-097506SCAT5



Appendix A:

Belhaven University Department of Athletics Concussion Take Home Care

You have been diagnosed with concussion and need to be monitored closely for the next 24-48 hours. This is a guide for your caregiver (family member, roommate, teammate, etc.) to monitor for worsening symptoms. Make sure you check in daily with your Athletic Trainer after being diagnosed with a concussion

It is OK to:

- Use Tylenol for headaches
- Use ice pack on head/neck as needed
- Eat a normal diet
- Go to sleep
- Rest (minimize physical or mental activity)

Do NOT:

- Use alcohol or illegal drugs
- Take Ibuprofen, Aspirin, Aleve, Motrin, or Advil
- Engage in mental or physical activity that makes symptoms worse
- Drive a car or operate machinery

If any of the following symptoms develop or get worse, contact the Dance Athletic Trainer and go to the emergency room.

1. Decreased level of consciousness
2. Increased confusion
3. Increased irritability
4. Numbness or weakness in the arms or legs
5. Pupils becoming unequal in size
6. Repeated vomiting
7. Seizures
8. Slurred speech or inability to speak
9. Inability to recognize people or places
10. Worsening/severe headache

****When in doubt, seek medical attention IMMEDIATELY****

Contact Information:

- Victoria Fauntroy – Dance Athletic Trainer – (703) 362-7962

Appendix B: Return to Learn Protocol

A concussion is an injury to the brain that can lead to a number of physical and cognitive symptoms. Concussions may cause headaches, difficulty remembering, difficulty concentrating, delayed reaction time, confusion, and a number of other symptoms that may hinder academic performance.¹ This Return to Learn Protocol is designed to allow the brain time to heal and return to proper cognitive functioning. It aims to give dancers with a concussion a better chance at succeeding in the classroom after an injury.

Each dancer will respond to concussions differently, and some dancers may be symptomatic for a much longer period than others. It is important to take into account each individual case when dealing with concussions. The Return to Learn Protocol is designed to be a general guide through the process. Dancers may progress through the protocol at different speeds. It is important to allow the dancer the time they need based on their symptoms.¹

1. Each dancer that sustains a concussion will begin in Stage 1 for at least 24 hours.
2. Once their symptoms are “mild” to “moderate” (measured on symptom scale), the dancer will be allowed to progress to Stage 2 as tolerated.
3. In order to progress to Stage 3 and 4, the dancer must be able to complete Stage 2 with no increase in symptoms.
4. If a dancer progresses to the next level and their symptoms worsen, they should return to the previous stage until symptoms subside.
5. The dancer will go through a Return to Dance protocol around the same time as the Return to Learn Protocol. The dancer must fully return to learn before they can fully return to dance.
6. Dancers may miss a significant amount of assignments, quizzes, and tests. It is important to communicate about a reasonable timeline for them to finish all missed work in order not to overload the brain too soon after an injury.
7. The Dance Athletic Trainer will communicate the stage the dancer should be in as well as possible accommodations with professors and Dr. Greg Hawkins, who will provide the dancer with a letter to distribute to their professors. The Dance Athletic Trainer will also cc the Department Chair on this email.

Stage 1 – Physical and Cognitive Rest (at least 24 hours; may progress once symptoms are “mild” to “moderate”)

- No class attendance
- No reading, homework, or tests
- Limited screen time (phone, computer, TV)
- Relatively quiet environment (avoid loud, crowded areas; no headphones)

Stage 2 – Gradual Return to Class with Accommodations (may progress when 1-2 days is completed with no increase in symptoms and symptoms are “mild”)

- Part-time class attendance
- No tests or quizzes
- Minimal or no assignments
- Limited screen time
- Provide extra assistance (i.e. peer note taking, reader for assignments)

Stage 3 – Full-time Class Attendance with Accommodations (may progress when student-athlete is symptom-free or at discretion of the Dance Athletic Trainer)

- Full-time class attendance
- Gradually increase assignments (allow extensions, may require modifications)
- May begin quizzes/tests with accommodations if ready
 - Extended testing time
 - Testing in quiet room
 - Assistance with computerized quizzes/tests
- Determine plan for completing remaining assignments, quizzes, and tests

Stage 4 – Full Return to Learn

- Full-time class attendance
- Full assignment load (allow time to make-up missed assignments)
- Quizzes/tests with accommodations if necessary
 - Extended testing time
 - Testing in quiet room

**Appendix C:
Return to Dance Protocol**

1. The Return to Dance Protocol is a supervised five step progression that begins only after the dance has returned to baseline levels on the SCAT5 and been asymptomatic for twenty-four hours or been cleared by the Dance Athletic Trainer to do so.
2. Only one step may be performed per twenty-four hour period and they must be completed in order.
3. When a dancer completes a step with no return of symptoms for twenty-four hours, they may progress to the next step.
4. If the dancer has any return of symptoms during the protocol, they must wait return to being asymptomatic for twenty-four hours before they begin the protocol again at step 1.
5. The Return to Dance Protocol must be monitored by a member of the Dance Athletic Trainer.
6. The dancer must complete the Return to Learn Protocol before they can return to competition.

Return to Dance Protocol^{1,2}	
Step 1	The dancer should perform light aerobic activity such as stationary bike riding, light barre work (pliés, relevés, etc.) for 10-15 minutes
Step 2	The dancer should perform high intensity aerobic activity such as partial class with light jumping, but no turning. The dancer should also perform light resistance training exercises such as squats, lunges, push-ups, and sit-ups. Activity should last 15-20 minutes.
Step 3	The dancer should perform class with moderate to heavy jumping and turning. Activity should last 20-30 minutes.
Step 4	The dancer can return to full-class and rehearsals.

****Final determination for return to dance shall rest with the Dance Athletic Trainer****