Sample School District Policy

POLICY FOR MANAGEMENT OF SPORTS-RELATED CONCUSSIONS

_____ has developed this protocol to educate coaches, school personnel, parents, and athletes about appropriate concussion management. This protocol outlines procedures for staff to follow in managing concussions and outlines school policy as it pertains to return to play issues following a concussion.

A safe return-to-activity protocol is important for all athletes following any injury, but is essential after a concussion. The following procedures have been developed to ensure that concussed athletes are identified, treated, and referred appropriately. Consistent application of this protocol will ensure athletes receive appropriate follow-up medical care and academic accommodations and are fully recovered before returning to activity.

This protocol will be reviewed annually by the _____ concussion management team. Changes or modifications will be reviewed, and written notification will be provided to the athletic department staff, including coaches and other appropriate school personnel.

All athletic department staff will be required to attend a yearly in-service meeting to review procedures for managing sports-related concussions.

Recognition of Concussion

These signs and symptoms-following a witnessed or suspected blow to the head or body- are indicative of probable concussion.

Signs (Observed by others)

- Appears to be dazed or stunned
- Exhibits confusion
- Forgets play
- Unsure about game, score, opponent

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- Moves clumsily (altered coordination)
- Balance problems
- Personality change
- Responds slowly to questions
- Forgets events prior to hit
- Forgets events after the hit
- Loss of consciousness (any duration)

Symptoms (reported by the athlete)

- Headache
- Fatigue
- Nausea or vomiting
- Double vision, blurry vision
- Sensitivity to light and noise
- Feels "sluggish"
- Feels "foggy"
- Problems concentrating
- Problems remembering

Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion must be removed immediately from the competition or practice and may not be allowed to return to play until cleared by an appropriate healthcare professional.

MANAGEMENT AND REFERRAL GUIDELINES FOR ALL STAFF

1) The following situations indicate a medical emergency and require activation of the Emergency Medical System:

    a. Any athlete with a witnessed loss of consciousness of any duration should be spine boarded and transported immediately to the nearest emergency department via emergency vehicle.

    b. Any athlete who has symptoms of a concussion and who is not stable (i.e., condition is worsening) is to be transported immediately to the nearest emergency department via emergency vehicle.

    c. Any athlete who exhibits any of the following symptoms should be transported immediately to the nearest emergency department via emergency vehicle:

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i. deterioration of neurological function

ii. decreased level of consciousness

iii. decreased or irregularity in respirations

iv. any signs or symptoms of associated injuries, spine or skull fracture, or bleeding

v. mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation

vi. seizure activity

2) Any athlete who is symptomatic but stable (not worsening) may be transported by their parents. The parents should be advised to contact the athlete's primary care provider or seek care at the nearest emergency department on the day of the injury.

GUIDELINES AND PROCEDURES FOR COACHES:

Recognize concussion

1) All coaches should become familiar with the signs and symptoms of a concussion described above.

2) Annual training will occur for coaches on every sport.

Remove from activity

1) Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion such as: loss of consciousness, headache, dizziness, confusion, or balance problems must be removed immediately from the competition or practice and may not return to play until cleared by an appropriate healthcare professional.

"When in doubt, sit them out."

Refer the athlete for a medical evaluation

1) The coach is responsible for notifying the athlete's parents of the injury.

    a. Contact the parents to inform them of the injury. Depending on the injury, an

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emergency vehicle or the parents will transport the athlete from the event.

b. In the event that an athlete's parents cannot be reached, and the athlete is able to be sent home rather than transported directly to a medical facility:

   i. The coach should ensure the athlete will be with a responsible individual able to monitor the athlete and understand the home care instructions before allowing the athlete to leave.

   ii. The coach should continue efforts to reach the parents.

c. If the coach has any questions about the athlete being monitored appropriately, a coach or designated adult should remain with the athlete until a parent arrives.

2) If at an away competition, the coach should seek assistance from the host site certified athletic trainer (ATC) or team physician.

Athletes with a suspected head injury should not be permitted to drive home.

FOLLOW-UP CARE OF THE ATHLETE DURING THE SCHOOL DAY

Responsibilities of the Concussion Management Team after Notification of a Student's Concussion

1) The injured athlete will be instructed to report to the school nurse or other trained designee from the Concussion Management Team upon their return to school. At that point, the appointed person will:

   a. Re-evaluate the athlete using a graded symptom checklist.

   b. Provide an individualized healthcare plan based on both the athlete's current condition and initial injury information provided by the parent.

   c. Immediately notify the student's counselor and teachers of the injury.

   d. Immediately notify the student's P.E. teacher that the athlete is restricted from all physical activity until cleared by their treating physician.

   e. Monitor the athlete regularly throughout each school day.

2) If the student's symptoms are expected to last 45 days or longer and there is need for

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ongoing support, notify your Regional TBI Liaison.

RETURN TO PLAY (RTP) PROCEDURES AFTER A CONCUSSION

1) Return to activity and play is a medical decision. The athlete must meet all of the following criteria to progress to activity:

    a. Asymptomatic at rest with exertion (including mental exertion in school) AND

    b. Have a written clearance from a physician (MD), physician's assistant (PA), or Doctor of Osteopathic Medicine (DO) licensed by your State Board of Medicine or nurse practitioner licensed by your State Board of Nursing.

2) Once the above criteria are met, the athlete will progress back to full activity following the step-wise process detailed below as supervised by the athletic trainer or other healthcare professional.

3) Progression is individualized and will be determined on a case by case basis. Factors that may affect the rate of progression include:

    a. previous history of concussion

    b. duration and type of symptoms

    c. age of the athlete

    d. sport/activity in which the athlete participates in

The athlete should spend 1-2 days at each step before advancing to the next. If post-concussion symptoms occur at any step, the athlete must stop the activity, and the treating healthcare professional must be contacted. The athlete will probably be told to rest for 24 hours and resume activity at a level one step below where they were when the symptoms occurred, but other action might be needed depending upon the specific type and severity of the symptoms. 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 will probably be progressed at a slower rate.

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Step 1. Complete Cognitive Rest

- This might include staying home from school or limiting school hours (and studying) for several days. Activities requiring concentration and attention can worsen symptoms and delay recovery.

Step 2. Return to School Full-Time

- Learning accommodations might be required.

Step 3. Light Exercise

- This step cannot begin until the athlete is no longer having concussion symptoms and is cleared by a physician for further activity. At this point, the athlete may begin walking or riding an exercise bike. No weightlifting.

Step 4. Running in the gym or on the field.

- No helmet or other equipment.

Step 5. Non-contact training drills in full equipment.

- Weight training may begin.

Step 6. Full contact practice or training.

- Must be cleared by an MD before returning to play.

Step 7. Play in game.

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