



A WORLD-CHANGING PREP SCHOOL SINCE 1882

SPORTS-RELATED CONCUSSION MANAGEMENT PROTOCOL

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The Center for Disease Control estimates that 300,000 concussions are sustained during sports-related activity in the United States. A concussion is a traumatic brain injury (TBI) caused by a direct or indirect blow to the head or body. In order to ensure the safety of student-athletes, it is imperative that athletes, coaches, and parents/guardians are educated about the nature and treatment of sports-related concussions and head injuries. Allowing a student-athlete to return to play before recovering from a concussion increases the chance of a more serious brain injury that can result in severe disability and/or death.

Staff athletic trainers are responsible for the evaluation, diagnosis, and management of head injuries and suspected concussions resulting from head/neck injuries while participating in Wardlaw+Hartridge School sports and/or physical education class. Head/neck injuries and/or suspected concussions suffered by Wardlaw+Hartridge School student-athletes while participating at off-campus venues should be evaluated by the host athletic trainer when available.

The following components including education, prevention, and treatment of sports-related concussions must be adhered to by those identified.

EDUCATION

Parent/Guardians: In order to protect the student-athletes of New Jersey, the NJSIAA has mandated that all student-athletes, parents/guardians, coaches, and staff follow the NJSIAA Concussion Policy. The NJSIAA Concussion Policy is at the bottom of this document. Parents/Guardians must electronically sign the NJ state mandated concussion consent form for their son/daughter to participate in athletics, which is sent out annually via Rank One software to all parents/guardians and is also included at the bottom of this document.

Coaches: All coaches must complete a National Federation of State High School Associations online training course for concussion education and management. The course highlights the impact of sports-related concussions on athletes, teaches how to recognize a suspected concussion, and provides protocols to manage a suspected concussion with steps to help players return to play safely after a concussion.

Athletics Trainers: Staff athletic trainers must remain current with concussion management continuing education included in licensure requirements.

EVALUATION

In the event a student reports and/or develops signs and/or symptoms of concussion whether as a result of a head/neck injury or as deemed necessary by a staff athletic trainer or appropriate health care professional, standard physical and neurological tests should be performed and a SCAT5 will be recorded for assessment of concussion. The SCAT5 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged 13 years and older. For younger persons, ages 12 and younger, a Child SCAT5 will be recorded. The SCAT5 is designed for use by medical professionals. **Note: The SCAT5 should not be used solely to make, or exclude, the diagnosis of concussion in the absence of clinical judgement. An athlete may have a concussion even if their SCAT5 is “normal”.** Athletic trainers will also perform a VOMS assessment in order to assist in the evaluation and diagnosis process.

A student suspected to suffer from or diagnosed with a concussion will be instructed to report to a staff athletic trainer or treating physician daily to log the number of symptoms and severity of symptoms reported.

This serial testing along with any other concussion assessment tests deemed necessary i.e. Nystagmus test, BESS will be recorded as part of ongoing concussion assessment.

MANAGEMENT

Student-athletes who are exhibiting the signs and/or symptoms of a sports-related concussion or other head injury during practice or competition shall be immediately removed from play and may not return to play that day. 911 should be called if there is a deterioration of symptoms, loss of consciousness, or direct neck pain associated with the injury.

Student-athletes must be evaluated by a physician, licensed athletic trainer, or licensed health care provider trained in the evaluation and management of concussion to determine the presence or absence of a sports-related concussion or head/neck injury. **Any student suspected of suffering from or diagnosed with a concussion must be restricted from all physical activity and referred to a physician trained in the evaluation and management of concussions.**

School personnel (Athletic Director, staff athletic trainer, school nurse, coach, etc.) should make contact with the student-athlete's parent/guardian and inform him/her of the suspected sports-related concussion or head/neck injury.

Complete physical, cognitive, emotional, and social rest is advised while the student-athlete is experiencing symptoms and signs of a sports-related concussion or other head injury (minimize mental exertion, limiting overstimulation, multi-tasking, etc.). Academic modifications deemed necessary for the management of concussion must be submitted in writing by a physician. Upon written clearance from a physician trained in the evaluation and management of concussion that states the student-athlete is asymptomatic at rest, the student-athlete will begin the 5-Day Graduated Return-To-Play Protocol supervised by a staff athletic trainer.

The staff athletic trainer will make the final determination on return-to-play for Wardlaw+Hartridge School student-athletes. Medical clearance that is inconsistent with the school's policy may not be accepted and such matters will be referred to the school physician.

GRADUATED RETURN-TO-PLAY PROTOCOL

After written medical clearance is given by a physician trained in the evaluation and management of concussions stating that the student-athlete is asymptomatic at rest and cleared to begin the return to play protocol, the student-athlete may begin a graduated individualized return-to-play protocol supervised by a licensed athletic trainer or school/team physician. To return to practice and/or competition the student-athlete must complete the following:

1. Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without re-emergence of any signs or symptoms. If no return of symptoms, the student may advance to the next step;
2. Light aerobic exercise such as walking or stationary cycling while keeping the intensity <70% maximum

percentage heart rate. No resistance training. The objective of this step is to increase heart rate. If no return of symptoms, the student may advance to the next step.

3. Initiate progressive resistance training. The objective of this step is to increase blood pressure and heart rate. If no return of symptoms the next day the student-athlete may advance to the next step.
4. Dynamic exercise including running. The objective of this step is to challenge maximum effort and increase heart rate and blood pressure. May also initiate sport-specific drills such as pitching, bat swings, shooting. If no return of symptoms the next day the student may resume full activity or participate in a full non-contact practice such as in lacrosse.
5. Return to play involving normal exertion and/or game activity.

If the student-athlete exhibits a re-emergence of any concussion signs or symptoms once they return to physical activity, he/she will be removed from further exertional activities and returned to his/her physician.

If concussion symptoms recur during the graduated return-to-play protocol, the student-athlete will return to the previous level of activity that caused no symptoms.

TEMPORARY ACCOMMODATIONS FOR CONCUSED STUDENTS

Rest is the best “medicine” for healing concussions or other head injuries. The concussed brain is affected in functional aspects as a result of the injury. Memory, attention span, concentration, and speed of processing significantly impacts learning. Further exposing the concussed student-athlete to the stimulating school environment may delay the resolution of symptoms needed for recovery.

Accordingly, consideration of the cognitive effects in returning to the classroom is also an important part of the treatment of sports-related concussions and head injuries.

Mental exertion increases the symptoms from concussions and affects recovery. To recover, cognitive rest is just as important as physical rest. Reading, studying, computer usage, testing, texting – even watching movies if a student is sensitive to light/sound – can slow a student’s recovery.

Students who return to school after a concussion may need to observe the following guidelines:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments. (All courses should be considered)
- Receive help with schoolwork
- Reduce time spent on the computer, reading, and writing.
- Be granted early dismissal to avoid crowded hallways.



5-STEP/DAY GRADUAL RTP PROTOCOL

Student Name: _____
Sport: _____

Start Date: _____
Injury Date: _____

Day 1

Normal daily activities. Full day of academics/school.

Completed:

Notes/Date: _____

Day 2

20 minutes on a bike or treadmill maintaining HR < 70% of max HR.

Completed:

Notes/Date: _____

Day 3 10 minutes on a bike or treadmill maintaining HR < 70% of max HR. Resistance exercises.

Completed: Notes/Date: _____

Day 4

10 minutes on a bike or treadmill maintaining HR < 70% of max HR. Dynamic exercises/running to max effort/HR > 70% of max HR.

Completed:

Notes/Date: _____

Day 5

Full non-contact practice or full participation in practice/game at medical discretion of staff athletic trainer or appropriate healthcare professional.

Completed:

Notes/Date: _____

Cleared by: _____

NJSIAA PARENT/GUARDIAN CONCUSSION POLICY ACKNOWLEDGMENT FORM

In order to help protect the student athletes of New Jersey, the NJSIAA has mandated that all athletes, parents/guardians and coaches follow the NJSIAA Concussion Policy.

A concussion is a brain injury and all brain injuries are serious. They may be caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly**. In other words, even a “ding” or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child/player reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

1. Headache.
2. Nausea/vomiting.
3. Balance problems or dizziness.
4. Double vision or changes in vision.
5. Sensitivity to light or sound/noise.
6. Feeling of sluggishness or fogginess.
7. Difficulty with concentration, short-term memory, and/or confusion.
8. Irritability or agitation.
9. Depression or anxiety.
10. Sleep disturbance.

Signs observed by teammates, parents and coaches include:

1. Appears dazed, stunned, or disoriented.
2. Forgets plays or demonstrates short-term memory difficulties (e.g. is unsure of the game, score, or opponent)
3. Exhibits difficulties with balance or coordination.

4. Answers questions slowly or inaccurately.
5. Loses consciousness.
6. Demonstrates behavior or personality changes.
7. Is unable to recall events prior to or after the hit.

What can happen if my child/player keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child/player has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear. Close observation of the athlete should continue for several hours.

An athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and may not return to play until the athlete is evaluated by a medical doctor or doctor of Osteopathy, trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider.

You should also inform your child's Coach, Athletic Trainer (ATC), and/or Athletic Director, if you think that your child/player may have a concussion. And when there is doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/www.nfhslearn.com>

Student-Athlete's Signature

Print Student-Athlete Name

Date

Parent/Guardian's Signature Print Parent/Guardian Name

Date

CONCUSSION MANAGEMENT PROTOCOL AGREEMENT

We agree to use the above Sports-Related Concussion Management Protocol as the standard procedures with evaluating and treating sports-related concussions and other head injuries. This document is reviewed annually and revised as needed.