

Lower Merion School District

Concussion Protocol and Procedures

The Board of Education recognizes that head injuries pose a serious health risk to the students of this district and in particular to student athletes who participate in Interscholastic Athletics. The following policy is in accordance with the Pennsylvania Senate Bull number 200.

The purpose of this policy is to set forth guidelines for the evaluation, management and response to head injuries and concussions in student athletes.

In accordance with the Pennsylvania Senate Bill number 200 the following words and phrases are defined as:

“Appropriate medical professional” includes all of the following:

- 1) A licensed physician who is trained in the evaluation and management of concussions or
- 2) A certified health care professional trained in the evaluation and management of concussions and designated by such licensed physician.

“Athletic Activity”:

- 1) Interscholastic Athletics
- 2) An athletic contest or competition, other than interscholastic athletes, that is sponsored by or associated with a school entity, including cheerleading, club-sponsored sports activities and sports activities sponsored by school-affiliated organizations.
- 3) Non-competitive cheerleading that is sponsored by or associated with a school entity.
- 4) Practices, interschool practices and scrimmages for all of the activities listed under numbers 1), 2), and 3).

“Interscholastic athletes”: All athletic contests or competitions conducted between or among school entities situated in counties of the second class, second class A, third class, fourth class, fifth class, sixth class, seventh class and eighth class.

“School Entity”: A public school, school district, nonpublic school or private school in this Commonwealth other than a private or nonpublic school which elects not to be a member of PIAA.

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I. Recognition of a Concussion

What is a Concussion?

A concussion is a type of brain injury caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to another part of the body where the force is transmitted to the head and causes it to move rapidly back and forth or in a rotational direction. **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,” “having your bell rung” or a bump on the head can be serious.

In order to ensure the safety of our student athletes, it is imperative that all athletes, coaches and parents/guardians are educated about the nature and treatment of concussions and other sports related brain injuries and that all measures are taken to prevent a student athlete from experiencing second-impact syndrome.

Most sport concussions occur without loss of consciousness. Signs and symptoms of concussions may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of a concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include but are not limited to one or more of the following:

<ul style="list-style-type: none">* Headaches* “Pressure in the head”* Neck pain* Balance problems or dizziness* Blurred, double, or fuzzy vision* Sensitivity to light or noise* Feeling sluggish or slowed down* Feeling foggy or groggy* Drowsiness* Changes in sleep patterns* Nauseous	<ul style="list-style-type: none">* Amnesia* ”Don’t feel right”* Fatigue or low energy* Sadness* Nervous or anxious* Irritability* More emotional* Confusion* Concentration or memory problems* Repeating the same question/comment
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Signs observed by teammates, parents and coaches include:

<ul style="list-style-type: none">* Appears dazed* Vacant facial expression* Confused about assignment* Forgets plays* Is unsure of game, score, or opponent* Moves clumsily or displays lack of coordination* Answers questions slowly* Slurred speech* Shows behavior or personality changes* Can’t recall events prior to the hit* Can’t recall events after the hit* Seizures or convulsions* Any change in typical behavior or personality* Any changes in typical behavior or personality* Loses consciousness* Throwing up
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Adapted from the CDC and the 3rd International Conference on Concussion in Sport

II. Regulations/ Procedures:

- **Preseason Baseline Screening:** Every new student-athlete to the school (first year or transfer) will receive a valid pre-season baseline screening through the ImPACT program.
 - a. This test will be repeated prior the athlete's third year (junior).
- **Suspected Sustained Concussion:** Any athlete suspected of sustaining a concussion will be immediately removed from competition or practice for the remainder of that day's activities.
 - a. The Athletic Trainer will conduct an evaluation of the athlete through the use of established evaluation techniques.
 - If no Athletic Trainer is on site the coach will call parents and give them the option of seeing our Athletic Trainer at school or taking their child to the emergency room.
 - b. An assessment of symptoms will be performed at the time of injury, 24 hours post-injury and 48 hours post-injury, ect.
 - If injury occurs at an away site or when the Athletic Trainer is not present, initial evaluation will be performed when head injury is reported.
 - c. Medical Clearance will be determined by the treating physician who is trained in the evaluation and management of concussions in conjunction with the certified athletic trainer.
 - Final clearance will be given at the discretion of the team physician.
- **Concussion Sustained with Loss of Consciousness:** In the event that an athlete sustains a concussion involving any level of loss of consciousness, the athlete will be immediately removed from participation the remainder of the day. The athlete will also be immediately referred via ambulance to the nearest hospital for advanced medical care.

When can a concussed athlete return to sports?

- ****All concussed athletes will need to be seen by a licensed physician who is trained in the evaluation and management of concussions for clearance to start the return to play progression.**
 - An Emergency Room/ Urgent Care and/or Minute Clinic Doctors CANNOT clear an athlete from a concussion.
 - It is recommended that athletes not be treated by an immediate family member, even if a licensed physician.
- Athletes who have been diagnosed with a concussion will need to advance through a stepwise return to play progression used by the athletic training staff and physician before returning to full contact play. These steps must be completed over a minimum of 7 days. Each step must be at least 24 hours apart. **** If at any time the symptoms return the athlete must rest for a minimum of 24 hours and repeat the previous step. Parent/Guardian will be contacted if the student athlete reports any symptoms during this progression.**

III. Return to Play Progression

A. Returning to participation on the same day of injury:

As previously stated in this document, an athlete who exhibits signs or symptoms of a concussion, or has abnormal cognitive testing, should not be permitted to return to play on the day of the injury. Any athlete who denies symptoms but has abnormal sideline cognitive testing will be held out of activity.

B. “When in doubt, hold them out.”

C. Return to play after a concussion:

1. Athlete must be symptom free for a minimum of 24 hours with a full academic load and school day. Athlete takes ImPACT Test 48-72 hours post injury.
 - Post-concussion ImPACT Test should be in normal range of baseline test and interpreted by a credentialed ImPACT consultant (CIC Trained).
 - If no baseline test was performed, results will be compared to “normative data.”
2. A written clearance by a licensed physician trained in the evaluation and management of concussions or specialist (athlete must be cleared for progression to activity by a physician other than an Emergency Room physician). This protocol is a guideline for management of symptoms of a concussion and increase physical activity. This Return to Play is monitored by the Certified Athletic Trainer.
3. Please Note: If the athlete is cleared by a physician to return to play on a game day and has not met the LMSD concussion protocol and RTP Progression, the athlete will not participate in the event. This is to assure they have fully recovered from their concussion. The safety of our student athletes is of the utmost importance to us.
4. Step Wise Progression:
 - Step 1: Light Aerobic Activity- Increase heart rate less than 70%, 10-20 minutes of biking or walking
 - Step 2: Moderate Aerobic Activity- Target heart rate less than 140-170 BPM, 10-30 minutes of jogging, bike at a moderate intensity, agility drills, throwing and catching.
 - Step 3: Moderate Anaerobic Activity- sprints, interval bike and weight training; non-contact Sport Specific Exercise: Close to typical routine without any contact.
 - Step 4: Full Contact practice while monitoring symptoms.
 - Step 5: Full, uninhibited return to play; with documented post activity symptoms.

- ImPACT Test: The ImPACT test provides computerized neurocognitive assessment tools used by the physician and athletic trainer to assist in determining an athlete's readiness to return to play after suffering a concussion.
 - Baseline testing will be established prior to participation and test results will be used as a standard measure for comparison in the event a concussion should occur.
 - Post-Concussion Testing: will be provided at the discretion of the athletic training staff and treating physician. Ideally post-concussion ImPACT testing will be completed 48 to 72 hours after the head injury or as directed by the treating physician and used as one criterion for return to play.
 - ImPACT recommends not performing more than one test per week or directed by physician.
 - If a Baseline test does not exist for an athlete, the post-concussion ImPACT test will be used and compared with test normative values.
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- It is up to the athletic trainer's discretion, working in conjunction with the treating and team physician, to determine if an athlete is medically cleared to return to play.

See Appendix A for: Home Care recommendations for a concussed Athlete and for the Parent take home form.

See Appendix B for: Should a concussed athlete attend school and Documents needed.

If you have any questions or concerns regarding home care, our return to play policy, or for a doctor reference please do not hesitate to contact me.

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It is better to miss one game than the whole season

Appendix A: Home care recommendations for Concussed athletes:

- After an athlete has been evaluated for a concussion the following should be implemented and monitored by a parent/guardian. In the event that any or all symptoms noted below change or occur, seek immediate medical attention.
 - Deteriorating symptoms
 - New presenting symptoms
 - Deteriorating level of consciousness
- **Rest**, both physical and cognitive. Rest is the number one priority in concussion management. Limit the concussed athlete's exposure to computers, video games, internet, texting, TV and driving in the first 24-48 hours following the diagnosis of a concussion. Athletes should not participate in any kind of physical activity whatsoever.
- Medications that should be AVOIDED include:
 - Aspirin
 - NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) ie: Advil/Ibuprofen

Athletes Name: _____ Date of Injury: _____ Sport _____

Home Phone: _____ Parent/Guardian Name: _____

Your son/daughter has sustained a head injury while participating in _____ In some instances, the signs and symptoms of a concussion do not become obvious until several hours or even days after the injury. This is why we place your son/daughter on a **24 hour Concussion Watch**.

Please be especially observant for the following signs and symptoms:

- | | |
|---|--|
| 1) Headache (especially one that increases in intensity*) | 8) Changes in gait or balance |
| 2) Nausea and vomiting * | 9) Blurry or double vision* |
| 3) Difference in pupil size from right to left eye, dilated pupils* | 10) Slurred speech* |
| 4) Mental confusion/behavior changes | 11) Noticeable changes in the level of consciousness (difficulty awakening, or losing consciousness suddenly*) |
| 5) Dizziness | 12) Seizure activity |
| 6) Memory Loss | 13) Decreased or irregular pulse or respiration* |
| 7) Ringing in the ears | |

***Seek medical attention at the nearest emergency department.**

Current symptoms reported by your son/daughter to ATC:

The best guideline is to note symptoms that worsen, and behaviors that seem to represent a change in your son/daughter. If you have any questions or concern at all about the symptoms you are observing, contact your family physician for instructions, or seek medical attention at the closest emergency department. Otherwise you can follow the instructions outlined below:

It is OK to:	There is NO need to:	Do NOT :	Limit:
Use ice pack on head and neck as needed for comfort	Check eyes with a flashlight	Drink alcohol	TV to 30 minutes or less
Eat a light diet	Wake up every hour unless athlete is under the age of 14.	Drive while symptomatic	School work if symptomatic- take breaks to control symptoms.
Go to Sleep	Test reflexes	Exercise	Limit or exclude computer work
Rest (no strenuous activity or sports until cleared)	Stay in bed	Take ibuprofen, aspirin, naproxen or other non-steroidal anti-inflammatory medications until cleared by physician.	Stimulation from bright lights and loud noises
		Play video games	

The goal for the first 24 hours is to rest as much as possible to allow the Brain to heal!!

Please remind your child to check in with the School Nurse **PRIOR TO GOING TO CLASS** on the first day him or her returns to school. As well as reporting to the ATC after school to continue care.

Recommendations provided to: _____ Phone #: _____

Recommendation provided by: _____ Phone #: _____

Date: _____

Time: _____

Appendix B: Should a concussed athlete attend school?

Should a concussed athlete attend school?

- If the athlete is still very symptomatic (headaches, extreme fatigue, feeling “out of it”) it may be best to keep the athlete at home. When symptoms have started to resolve, athletes may need to start with half days. This is very helpful in the recovery process but will require a physician’s note. Please contact the athlete’s school counselor or school nurse with questions or concerns about attendance.
- When working up to a full day of school some student athletes may need to take breaks to rest throughout the school day, as well as, they may need more time for taking tests and completing assignments. This is also very helpful in the recovery process but will require a physician’s note.

For more information on what documents are needed for medical accommodations please contact our school nurse:

- Lisa Farber 610-658-3977 or Farberl@lmsd.org
- Denise Morris 610-658-2761 or Morrisd@lmsd.org

For more information on what documents are needed for academic accommodations please contact our school counselors.