

# Oregon Episcopal School

## Protocol and Procedures for Concussion Management

Concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth (CDC). Oregon Episcopal School has developed this protocol to educate school personnel, parents and students about appropriate concussion management. This protocol outlines procedures to follow in managing concussions and outlines school policy as it pertains to Return-to-Play and Return-to-Learn following a concussion.

A safe Return-to-Learn/Play protocol is important following any injury, but it is essential after a concussion. The following procedures have been developed to ensure that students with concussions are identified, treated and referred appropriately. Consistent application of this protocol will ensure students receive appropriate follow-up medical care and academic accommodations with the goal that students are fully recovered before returning to full academic and physical activity. This protocol reflects current concussion research and will be updated as research advances. All athletic department staff and coaches will be required to attend a yearly in-service meeting to review procedures for managing sports related concussions.

This protocol has been developed in consultation with OHSU Sports Medicine as well as based on information from Oregon School Activities Association (OSAA), Oregon Concussion and Management Program (OCAMP) and the Center for Disease Control and Prevention (CDC).

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### **I. Pre-Participation Interventions**

1. All seventh, ninth, and eleventh grade students at Oregon Episcopal School will take a baseline IMPACT test prior to participation in sports.
2. Student-athletes and parents will read and sign the OSAA waiver regarding risks associated with head injury that will be kept on file with the Athletic Department.
3. OES Athletic Trainer and coaches will be required to take the OSAA Concussion Certification module review and follow OES Head Injury Protocol.

### **II. Recognizing concussion**

These signs and symptoms following a witnessed, known or suspected blow to the head or body can be indicative of a concussion.

Any student who exhibits signs, symptoms or behaviors consistent with a concussion must be removed immediately from the competition, practice, class or activity and the student is not allowed to return to physical activity until evaluated by qualified medical personnel (MD, DO, LAT, or NP, PA, ND, PT, OT, DC or Psychologist who has received the required course completion certificate for Oregon Concussion Return-to-Play Education).

## A. Common signs and symptoms of concussion

### 1. Signs (observed by others):

- Appears dazed or stunned
- Confusion (about assignment, plays, etc.)
- Short term memory deficit
- Moves clumsily (altered coordination)
- Balance problems
- Personality change-irritability
- Responds slowly to questions
- Forgets events prior to hit or after the hit
- Swelling or wound on the head
- Loss of consciousness (any duration)

### 2. Symptoms (reported by student):

- Headache
- Fatigue
- Nausea or vomiting
- Double vision, blurry vision
- Sensitive to light or noise
- Feels sluggish
- Feels “foggy”
- Problems concentrating
- Problems remembering
- Trouble sleeping

**III. Guidelines and procedures for coaches and Athletic Trainer:** In the event of a suspected head injury OES will follow the steps outlined by OSAA.

### RECOGNIZE, REMOVE, REFER

#### A. Recognize Traumatic Brain Injury (TBI)

Basic assessment of initial symptoms should be performed to determine cognitive deficits. The student may return to play if sideline evaluation by a team MD/DO or Athletic Trainer (LAT) indicates no symptoms are present.

#### B. Remove from activity

If a coach suspects a student has sustained a head injury, the student should be removed from activity. The student will not return to athletic play that day.

#### C. Refer the student for medical evaluation and care:

1. Coach will call EMS if the situation indicates a medical emergency.
2. Coaches will report all head injuries to OES Athletic Trainer (LAT), as soon as possible. If on campus at time of injury, call LAT for a sideline evaluation. If while at an away contest the host site has an AT available, coaches should seek their assistance.
3. OES LAT is responsible for contacting parents to inform them about the injury.
4. In the event that a student's parents or designee cannot be reached the student will stay with the coach or a designated adult.
6. Students with suspected head injuries should not be permitted to drive home.

### Medical indications of Traumatic Brain Injury (TBI)

1. If a student exhibits any of the following symptoms EMS should be called. EMS will determine the appropriate medical action and whether to recommend emergency transportation to an appropriate medical facility or if the situation can safely allow the parent to assume responsibility.

1. deterioration of neurological function: slurring speech, loss of consciousness, seizures
- 2.
3. decrease or irregularity in respirations
4. decrease or irregularity in pulse
5. any signs or symptoms of associated injuries, spine or skull fracture, or bleeding: battle sign, cerebral spinal fluid leaking from ears
6. mental status changes: changes in personality, lethargy, difficulty maintaining consciousness, confusion or agitation

#### **IV. OES Concussion Management Team Roles**

When a concussion is suspected there are steps to be taken by parents and OES Concussion Management Team (CMT).

The OES Concussion Management Team consists of Athletic Trainer, US learning resource coordinator, Advisor and Athletic Director. The team meets regularly to oversee student cases as well as overall implementation of concussion protocols. CMT reviews current medical research and practice related to traumatic brain injury.

Roles and Responsibilities of parents/guardians and CMT:

Parent:

1. Keep student home to monitor symptoms, provide rest and seek medical evaluation from students pediatrician, primary care physician (PCP), MD, DO, or NP, PA, ND, PT, OT, DC or Psychologist who has completed the required Oregon Concussion Return-to-Play Education certificate.
2. Seek medical evaluation within 24 - 48 hours.
3. Communicate with the student's advisor and any member of the CMT.
4. Follow guidelines in OES Parent Concussion letter.

Athletic Trainer:

1. Gather details of injury and incident report.
2. Provides home and follow-up care instructions, along with medical referrals as needed.
3. Completes initial and follow-up assessments (SCAT, ImPACT)
4. Summarizes assessment results and communicates with parents and CMT.
5. Initiates Return-to-Play (RTP) procedure when applicable.
6. Instructs student and coaching staff verbally and in writing regarding permitted activities. These instructions will be updated frequently as the athlete progresses in recovery.
7. Once the athlete has progressed to unrestricted activity, the (LAT) will notify the parents, advisor, learning resource coordinator, athletic director and coach in writing.

Upper/Middle School Learning Resource Coordinator:

1. Implements, communicates and manages academic accommodations.
2. Meets with student upon return to school to review accommodations.
3. Assists student, advisor and teachers to use accommodations.
4. Facilitates Return-to-Learn protocols.

## **V. Return-To-Play (RTP) and Return-To- Learn (RTL) Procedures After Concussion:**

Return to competitive play or school activity is a process that requires input from several sources including medical, completion of the RTP protocol and demonstrated ability to participate in life and school activities. Progress is individualized and will be determined on a case-by-case basis. Factors that may affect progression include:

- a. Previous history of concussion
- b. Duration and type of symptoms
- c. Age of student
- d. Sport/activity in which the student participates.

The student must meet all of the following criteria in order to progress to full activity:

1. Within normal range of baseline on post-concussion ImPACT testing AND
2. Have written clearance from MD, DO or health care provider (PA, NP, PT, ND,OT, DC, or Psychologist) who has completed the required Oregon Concussion Return-to-Play Education certificate.
3. Successful completion of the Return-to-Learn/Play sequence.

OES follows the Step-Wise Return-to-Play protocol described below to guide a student's readiness for return to activity. A student may advance no more than one step per day.

Return to physical (athletic) activity, full academic participation, social and outside activity is a linked and graduated process that depends on symptom resolution and follows these steps adapted from the OSAA.

1. No activity: Complete rest, both physical and cognitive, is beneficial for 48-72 hours. This includes staying home from school or limiting school hours and all outside and social activities. Academic accommodations may be implemented as homework and tasks requiring concentration and attention may worsen symptoms and delay recovery.

2. Light aerobic exercise: Walking or stationary bike at low intensity; no weight lifting or resistance training. The student must be asymptomatic for 24-48 hours before beginning this stage.

Before progressing to the next stage the student must be healthy enough to return to school full time. Academic accommodations may be reduced or adjusted.

3. Sport-specific exercise: Sprinting, dribbling basketball or soccer; no helmet or equipment, no head impact activities.

4. Non-contact training: More complex drills in full equipment. Weight training or resistance training may begin. Student will be allowed to participate in practice up to the point of full-contact drills/scrimmages. Before moving on to the next step student will have to have obtained clearance for full participation from their health care provider (OSAA Medical Release Return-to-Play Following a Concussion form).

5. Full contact practice: Participate in normal training activities. Academic accommodations will end.

6. Unrestricted Return-to-Participation/full competition.

Important Considerations:

1. Students can only progress one step per day - It may be appropriate for some students to remain at a level for 2 or more days based on re-evaluation/increase in symptoms.
2. If the student experiences post-concussion symptoms during any phase, the student will drop back to the previous asymptomatic step and resume the progression after 24 hours and cessation of symptoms.

## **VI. Other Important Considerations Related to School Activity**

### **Participation:**

#### When a Brain Injury is suspected:

If the injury occurs on a school sponsored event, OES concussion protocols take precedence and may supersede the wishes of the student or adult who may prefer that the student continue in the activity.

If the injury occurs in a non-school sponsored event but affects a student's participation in school life, OES concussion protocols take precedence for all school-sponsored events. A club sport accident, car accident etc., may restrict a student's ability to participate in OES-sponsored events.

OES may compel a family to seek medical evaluation and/or for a student to undergo RTP sequence in order to have academic accommodations and/or participate in school-sponsored events. (ie winterim trips)

#### When a concussion is confirmed:

OES will generally follow the most conservative plan for returning a student to cognitive and physical activity.

OES will consider a doctor's advice when instituting or ending academic accommodations. OES will consider a doctor's advice when a student requests to participate in school-sponsored activities when in the early stages of recovery.

OES protocols take precedence over all others for school-sponsored events. If an injury is not sport related and academic accommodations are in place, school attendance, doctor recommendation and demonstration of symptoms will be considered when determining the duration of academic accommodations.

When a student has concussion related academic or physical accommodations for school or is not yet attending school full time they may be restricted from participation in school-sponsored events.

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Maego Powers, US Learning Resource Coordinator School References:

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