

Jesuit High School Concussion Policy

Jesuit High School 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 concussion and outlines school policy as it pertains to return to play following a concussion.

A safe return to activity is important for all athletes following any injury, but it 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 the athlete receives appropriate follow-up medical care and/or academic accommodations and ensures the athlete is fully recovered prior to returning to activity.

Recognition of Concussion

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

Signs (observed by others):	Symptoms (reported by athlete):
Appears dazed or stunned	Headache
Exhibits confusion	Fatigue
Forgets plays	Nausea or vomiting
Unsure about game, score, opponent	Double vision, blurry vision
Moves clumsily (altered coordination)	Sensitive to light or noise
Balance problems	Feels sluggish
Personality changes	Feels foggy
Responds slowly to questions	Problems concentrating
Forgets events after the hit	Problems remembering
Forgets events prior to hit	Balance difficulties
Loss of consciousness (any duration)	Sleep disturbances

Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion must be removed immediately from the competition or practice and will not be allowed to return to play until cleared by an appropriate health care professional (per Max's Law, approved by Oregon Legislature in 2009).

Management and Referral Guidelines for All Staff

1. The following situations indicate a medical emergency and require the activation of the Emergency Medical System:
 - a. Any athlete with a witnessed loss of consciousness (LOC) of any duration should be spine boarded and transported immediately to the nearest emergency department via emergency vehicle if the athletic trainer is not immediately available for on field evaluation.
 - b. Any athlete who has symptoms of concussion that are worsening, or displays the following symptoms will be advised to seek further evaluation at the emergency department immediately.
 - i. Deterioration of neurological function

- ii. Decreased level of consciousness
 - iii. Decrease or irregularity in respirations
 - iv. Any signs or symptoms of associated emergent injuries, spine or skull fracture, or bleeding
 - v. Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation
 - vi. Seizure activity
2. The parents of a stable (not worsening) athlete will be educated regarding red flags that would indicate immediate medical attention.
 3. An athlete who has sustained a concussion will be sent home with a responsible adult who has been educated on home instructions and follow up procedures.

Guidelines and Procedures for Coaches

Recognize concussion and remove from activity

1. All coaches should become familiar with the signs and symptoms of concussion and will remove any athlete exhibiting signs, symptoms, or behaviors consistent with a concussion (such as LOC, headache, dizziness, confusion, or balance problems, etc). The athlete will not be allowed to return to play until cleared by both the ATC and a designated health care professional as dictated by Max's Law (MD, PA, DO, NP, Psychologist).

When in doubt, sit them out!

2. The coach is responsible for notifying the athlete's parents *if the athletic trainer is unavailable*
 - a. Contact the parents to inform them of injury.
 - 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 that the athlete will be with a responsible individual, who is capable of monitoring the athlete and understanding home care instructions, before allowing the athlete to leave.
 - ii. The coach should continue efforts to reach a parent.
 - iii. Athletes with a suspected head injury should not be permitted to drive home.
 - c. A coach or designated adult should remain with the student athlete until a parent arrives to insure the athlete's condition is being monitored.
3. If at an away competition where the ATC is not present, the coach should seek assistance from the host site certified athletic trainer or team physician for medical evaluation for the student athlete.

**Follow-Up Care of the Athlete During the School Day
Concussion Management Team Responsibilities:**

1. The athletic trainer will notify the concussion management team (AD, school nurse, counselor, teachers, head coach) when a concussion occurs.
2. The student athlete will be instructed to report to the ATC daily following concussion upon return to school. At that point, the ATC will:
 - a. Re-evaluate the student athlete regularly using a graded symptom checklist.
 - b. Provide an individualized health care plan based on both the athlete’s current condition and initial injury information.
 - c. Notify and update the concussion management team regarding necessary school accommodations (return to learn protocol).
 - d. If a student athlete is not improving within a normative time frame, the ATC will contact the athlete’s parents to discuss appropriate referral to concussion specialist/neuropsychologist.

Responsibilities of the Student’s Counselor

1. Work with teachers to monitor the student athlete closely and recommend appropriate academic accommodations for students diagnosed with concussion.
2. Communicate with school nurse, athletic trainer, and teachers on a regular basis to provide the most effective care for the student.

Return to Academics Progression

1. When students have symptoms after a concussion, they may need a gradual return to their pre-injury academic load. This progression can speed recovery and support the student’s return to a full academic load.
2. Parents will be advised to discuss specific academic accommodations with the student’s physician and counselor.
3. The stages are flexible based on the student’s tolerance to school activities.
4. Depending on symptoms, a student may start at any step and remain at each step as long as needed.
5. If symptoms worsen, the student should return to the previous step.
6. Daily check-ins with the student regarding how they are tolerating school is recommended.
7. Depending on symptoms, some students can begin supervised limited physical activity early after injury as prescribed by the ATC or physician.

*See chart on next page

--	--	--	--

CONCUSSION RETURN TO LEARN PROTOCOL

Updated August 2022

STAGE	KEY IDEAS	EXPECTED DURATION	ACADEMICS	RETURN TO SCHOOL
RED	Complete rest	2 - 4 days	No work to be done by student	<ul style="list-style-type: none"> - Rest - Do not attend school - Strict limits on computers, TV, texting, cell phones - No sports (JHS or club), band, PE, or other co-curricular/activity participation, including attendance at sporting events, retreats, or dances
ORANGE	<ul style="list-style-type: none"> - Significant deficits in processing and concentration - Slow integration back into activity 	2 - 14 days	<ul style="list-style-type: none"> - In coordination with teachers and Academic VP, counselor will create two categories for work/assessment completion and develop a staggered work completion calendar <ol style="list-style-type: none"> 1) Excused (work excused but student responsible for information on assessments/final) 2) Responsible (work must be completed by student). Ideally, this category should make up no more than 50% of assignments or problems within assignments. - Make-up work to receive full credit - Support communication between home and school - Support student during slow recovery - access to teacher notes (if available); note: teacher is not responsible for re-teaching missed lessons - No tests or other assessments may be given during this time - Students eligible for Learning Ally account after 1 week in orange section. After 4 weeks in orange section, student may begin some assessment with consent of family, doctor, and administrator. Testing accommodations may include 1.5x extended time, split tests (ie. take tests in 3 parts over 3 days) or other best indicated accommodations. 	<ul style="list-style-type: none"> - Attend school half-days (stagger classes throughout the week) - When you first return to class, don't take notes, just listen - Minimal use of screens; try to limit iPad use during class - Be patient with slow recovery and be involved in class as much as possible - Follow work completion calendar - Communicate with teachers on your progress of make-up work and recovery - No sports (JHS or club), band, chorus, or PE classes - No assemblies or other JHS activities, including attendance at sporting events, retreats, or dances
YELLOW	Gradual increase in student responsibilities as they progress to a normal workload	Longer stage, one week up to several months	<ul style="list-style-type: none"> - Access to academic accommodations dependent on student's recovery trajectory, vice-principal recommendation and medical input. - In coordination with teachers and Academic VP, counselor will create a staggered work completion calendar for make-up work and current work - Class Homework Absence Policy timeframes will not apply - Make up work to receive full credit - Continue to support communication between home and school with student/parent/guardian regularly - Student limited to one assessment per day to be coordinated by counselor and use Testing Center to schedule make up assessments as needed - Adjust work completion deadlines if symptoms worsen 	<ul style="list-style-type: none"> - Attend school full days - Communicate with teachers on your progress of make-up work and recovery - Follow work completion calendar - No sports (JHS or club), band, chorus or PE classes - No assemblies or other JHS activities, including attendance at sporting events, retreats, or dances - If symptoms start to flare while you are in class, taking a 2-3 minute break in the Counseling Center may help - Complete as much homework as possible in 15-30 minute blocks of time, rather than all at once
GREEN	Cleared and complete return to normal activities		<ul style="list-style-type: none"> - Student no longer eligible for concussion related academic accommodations - Monitor completion of make up work 	<ul style="list-style-type: none"> - Attend school full days - Continue to communicate with teachers regularly to make up school work - Return to sports/PE ONLY after the following: (1) written clearance by a physician; (2) completion of the return to play protocol, AND (3) you're managing your make up work and school work load

Return to Sport Progression

Stage	Objective	Exercise
Stage 1: No activity	Complete cognitive and physical rest until symptoms are improved. After the initially 24-72 hours of rest,	Initially NONE.

	athletes are advised to reinitiate sub-symptom threshold activities of daily living as tolerated.	*Sub symptom threshold exercise initiated and supervised by the ATC or physician ONLY.
Stage 2: Light aerobic exercise	Increase heart rate.	10-15 minutes light cardio and body weight strengthening
Stage 3: Sport Specific Exercise	Light to moderate aerobic conditioning, adding movement requiring more attention and coordination.	20-30 minutes moderate cardio with sport specific drills included. Increase strength training, keeping the weight light and repetitions high.
Stage 4: Non Contact	Moderately aggressive aerobic activity, progressing to training requiring high cognition and coordination.	Moderately aggressive cardio. Non-contact training drills. All forms of strength and agility training.
Stage 5: Full Contact	Restores the athletes confidence and allows assessment of functional skills.	Full unrestricted contact practice at game intensity.
Stage 6: Full Return to Competition		

*If symptoms recur at any stage, stop activity. Once the athlete is symptom free for 24 hours they may return to previous asymptomatic stage.

1. An ATC may deem that a concussive injury has NOT occurred and return an athlete to play after a thorough evaluation and exertion test. If the ATC does not suspect concussion, they will discuss their findings with the coach and or student-athlete's parent/guardian before allowing the athlete to return to play.
2. If a student athlete is experiencing signs or symptoms of a concussion and continues to participate in activity, they are putting themselves at risk for further and greater injury, including but not limited to, second impact syndrome.
3. Student athletes must complete each stage of the graded return to play progression without the return of symptoms in order to be cleared for return to play. The ATC will have final say in return to play decisions and may take a more conservative approach if deemed necessary based on the student-athlete's progress.
4. An athlete may progress through the early stages of the graded return to play progression supervised by an ATC, but must have written clearance from a designated health care provider before initiating contact practice.
5. Baseline neurocognitive testing (Impact) will be performed prior to the start of a competitive season for the following sports: football, soccer, volleyball, wrestling, basketball, baseball, softball, lacrosse, pole vaulters. Post-concussion testing will be used as a decision-making tool in the return to play process.