



Duchessne
ATHLETICS

**CONCUSSION
PROTOCOL**

2019-2020

DUCHESNE ACADEMY OF THE SACRED HEART CONCUSSION MANAGEMENT PROTOCOL

The goal of this protocol is to safely return the athlete to academics and play following a concussion through the implementation of a comprehensive concussion management program in accordance with Nebraska Legislative Bill 782(LB 782).

NEBRASKA CONCUSSION AWARENESS ACT (LB 782)

The State of Nebraska Concussion Awareness Act (LB 782) is an extension of LB 260. It states:

- All schools need to make training available to coaches on how to recognize a concussion or brain injury and how to seek proper treatment.
- Concussion information needs to be supplied on an annual basis to athletes and parent/guardian prior to practices and competitions. This information should include, but is not limited to:
 - Signs and symptoms of a concussion.
 - Risks posed by sustaining a concussion.
 - Actions a student should take if they receive a concussion.
- A Return to Learn (RTL) Protocol should be implemented for athletes who have sustained a concussion. This should include, but is not limited to:
 - Any formal or informal accommodations in school.
 - Modifications of curriculum. (i.e. extensions on homework, alternate testing dates)
 - Monitoring by medical and academic staff until athlete is fully recovered.
- Athlete needs to be removed from activity immediately if she is suspected of having a concussion and may not return to activity that day.
- If an athlete is suspected of having a concussion, the parent/guardian needs to be contacted with the date and approximate time of the injury.
- Athlete will not be allowed to return to any school supervised team athletic activities until she has:
 - Completed the Return to Learn (RTL) Protocol.
 - Completed the Return to Play (RTP) Protocol.
 - Been evaluated by a licensed health care professional. (**A **licensed healthcare professional** is defined as a physician, an athletic trainer, a neuropsychologist, or some other qualified individual who is registered, licensed, certified or otherwise statutorily recognized by the State of Nebraska to provide medical treatment and is experienced in the diagnosis and management of traumatic brain injuries among a pediatric population.)
 - Received written clearance by a licensed health care professional.
 - Submitted written clearance to participate in athletics signed by the athlete and parent/guardian.

DEFINITION OF CONCUSSION/MILD TRAUMATIC BRAIN INJURY (MTBI)

A concussion/MTBI is a type of brain injury that can range from mild to severe and can disrupt the way that a brain normally works. Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, the ground or obstacles. Concussions occur with or without loss of consciousness, but the vast majority occurs without loss of consciousness.

Although most concussions are short lived, experience has shown that if a second injury occurs during the recovery phase of the initial injury, an uncommon phenomenon known as "second-impact syndrome" can occur. Second-impact syndrome is often fatal. If an individual survives she/he may suffer life-long neurologic deficits.

SIGNS AND SYMPTOMS OF A CONCUSSION/MTBI

Below are listed the signs and symptoms of a concussion. This is not an exhaustive list of all signs and symptoms. If these are observed or reported, take the following actions listed in this protocol.

SIGNS OBSERVED BY ATHLETIC TRAINER/COACH/PARENT/OTHER	SYMPTOMS FELT/EXPERIENCED AND REPORTED BY STUDENT ATHLETE
Appears disoriented: dazed or stunned	Headache or “pressure” in head
Nystagmus: Uncontrolled eye movement	Nausea or vomiting
Generalized confusion: forgets instruction, slowed responses, vacant/glassy stare	Balance problems or dizziness
Troubles concentrating: easily distracted, repeatedly asking questions	Vision Disturbances: Double or blurry vision
Uncoordinated movements: clumsy movements, slurred speech, balance problems,	Photosensitivity: Sensitivity to light
Sleep disturbances	Tinnitus: Ringing in Ears. Hyperacusis: Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy or groggy
Shows behavior, mood, or personality changes such as; agitation, irritability, depression, emotional instability	Concentration or memory problems: fatigued, drowsiness, difficulty concentrating or remembering
Anterograde amnesia: Unable to recall events before injury	Confusion
Retrograde amnesia: Unable to recall events after injury	Just not “feeling right” or “feeling down”
Seizure activity	Increased emotions: nervousness, anxiety, sadness

DUCHESNE REQUIREMENTS

Prior to athlete supervision, coaches are required to take the National Federation of State High School Association's "Concussion in Sports - What you need to know" (www.nfhslearn.com). Coaches will submit the completion sheet to the athletic director. Coaches will be required to retake the course every year.

PRESEASON BASELINE ASSESSMENT

Duchesne uses the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT). The ImPACT Test is a computerized tool that assists in determining an athlete's ability to return to play after suffering a concussion. In accordance with ImPACT protocol, athletes will be baseline tested every two years. Freshmen, juniors, new athletes and anyone who received a concussion the previous year will complete the baseline assessment at the beginning of their first athletic season for the academic year.

ACTION PLAN OF A SUSPECTED CONCUSSION/MTBI

If the Athletic Trainer (AT) is NOT present:

1. Remove the athlete from the activity immediately
 - If the following signs/symptoms are seen, 911 is to be called and the athlete transported to the nearest emergency department:
 - Loss of consciousness
 - Deterioration of neurologic function: Difficulty in talking, swallowing and facial weakness
 - Decreasing level of consciousness
 - Decrease or irregularity in respiration and/or pulse
 - Any signs or symptoms of associated injuries, spine or skull fracture or bleeding
 - Mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation
 - Seizure activity
 - Any other signs/symptoms that the coach/parent/etc. feels require immediate medical attention
 - The athlete is NOT permitted to return to activity that requires physical exertion until evaluated by a licensed healthcare provider who is experienced in the diagnosis and management of traumatic brain injuries.
 - The athlete will be kept under constant supervision by a coach, looking for signs of any change in mental status.
 - Once removed from the activity, the parent/guardian, Athletic Trainer, and Athletic Director will be notified of the date, time, extent of injury, and any actions taken.
 - Any athlete suspected of having a concussion/MTBI should refrain from operating a motor vehicle on the day of the suspected concussion/MTBI.

If the Athletic Trainer (AT) is present:

1. Remove athlete from the practice or game immediately
 - If the following signs are seen, 911 is to be called and the athlete transported to the nearest emergency department:
 - Loss of consciousness
 - Deterioration of neurologic function
 - Decreasing level of consciousness
 - Decrease or irregularity in respiration and/or pulse
 - Deterioration of PEARL (Pupils Equal And Reactive to Light)
 - Any signs or symptoms of associated injuries, spine or skull fracture or bleeding
 - Mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation
 - Seizure activity
 - Any other signs/symptoms that the Athletic Trainer feels require immediate medical attention
 - The athlete is removed from play and is not permitted to return to the practice or game on the same day.
 - The Athletic Trainer, looking for any change in signs/symptoms, will keep the athlete under constant supervision.
 - Once removed from the game or practice, the parent/guardian and the Athletic Director will be notified of the date, time, extent of injury and any actions taken.
 - Any athlete suspected of having a concussion/MTBI should refrain from operating a motor vehicle on the day of the suspected concussion/MTBI.

POST-CONCUSSION PROCEDURES

1. When an athlete receives a concussion, Duchesne's Athletic Trainer will notify all designated people and document the incident.
2. The athlete must complete the Return To Learn (RTL) Protocol before she can advance to Return To Play (RTP) protocol.
 - Progression is individual and steps may be skipped or take longer depending on the student's symptoms. Student absences from PE while completing the RTL protocol will be excused from participation with no consequence to their grade.
3. An athlete who sustains a concussion should take the first post-injury ImPACT test when asymptomatic.
4. When the athlete passes the RTL Protocol, is asymptomatic, and performs within the normal limits on the ImPACT test, she can begin the RTP Protocol under direct supervision of Duchesne's Athletic Trainer.
 - Asymptomatic is defined as being free of symptoms for at least 24 hours without any medications used to alleviate concussion symptoms.
 - If signs or symptoms appear during the functional progression, the activity should be stopped immediately and the athlete monitored until all signs and symptoms resolve. No further activity should be performed that day. The progression will begin again at least 24 hours after symptoms have resolved and will begin at the previous phase where athlete did not experience symptoms.
 - Each phase should be at the minimum 1 day.
5. The athlete will not be cleared for participation until she has completed the RTL Protocol, ImPACT Test, completed the RTP Protocol, and has written clearance from Duchesne's Athletic Trainer. Any additional notes received from another healthcare professional will be considered supplemental documentation in Duchesne's Athletic Trainer's final decision.
6. Upon being cleared for participation by Duchesne's Athletic Trainer, the athlete and parent/guardian will acknowledge the clearance by signing a clearance to participate form.

RETURN TO LEARN PROTOCOL

Phase 1: Home: Cognitive and physical rest.

- No driving, limited mental exertion-computers, texting, video games, homework. No physical activity.

Phase 2: Home: Light mental activity.

- Up to 30 minutes of mental exertion, no prolonged concentration. No physical activity.

Phase 3: School: Part-time, maximal adjustments, shortened day/scheduled breaks.

- Provide quiet place for scheduled mental rest.
- Lunch in quiet environment.
- No standardized testing. No PE Class; no physical activity.
- Modify, rather than postpone academics.
- Provide extra time, help, and modified assignments.

Phase 4: School: Part-time, moderate adjustments, shortened day/schedule

- No standardized testing. No PE Class; no physical activity.
- Modified classroom testing.
- Moderate decrease of extra time, help, and modification of assignments.

Phase 5: School: Full-time, Minimal adjustments

- No standardized testing, routine testing OK. No PE Class; no physical activity.
- Continued decrease time, help, modification of assignments.
- May require more support in academically challenging subjects.

Phase 6: School: Full-time, Full academics, no adjustments.

- No PE until RTP protocol has been complete.

RETURN TO PLAY PROTOCOL

Phase 1: Light activity: walking, exercise bike, light jog...no resistance training

Phase 2: Moderate activity: anaerobic exercise, continuous jogging, sport specific exercise

Phase 3: Heavy activity: sprinting, running 20 to 30 minutes

Phase 4: Non-contact sport specific drills

Phase 5: Full contact participation: full contact practice

Phase 6: Full participation in competition

SOURCES

Oregon Concussion and Management Program (OCAMP) and Slocum Sports Concussion Program. NebraskaLegislature.gov-<http://nebraskalegislature.gov/FloorDocs/102/PDF/Intro/LB260.pdf>

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Duchesne Academy of the Sacred Heart
Concussion Management Protocol