

Brunswick School

Athletic Department Protocol and Procedures for Management of Sports-Related Concussion

Medical management of sports-related concussion is evolving. In recent years, there has been a significant amount of research into sports-related concussion in high school athletes. Brunswick School has established this protocol to provide education about concussion for the athletic department staff and other school personnel. This protocol outlines procedures for staff to follow in managing head injuries, and outlines school policy as it pertains to identifying concussed athletes and return to play issues after concussion.

Brunswick School seeks to provide a safe return to activity for all athletes after injury, particularly after a concussion. To effectively and consistently manage these injuries, procedures have been developed to aid in ensuring that concussed athletes are identified, treated and referred appropriately, receive appropriate follow-up medical care during the school day, including academic assistance, and are fully recovered prior to returning to activity.

All athletic department staff will attend a yearly in-service meeting in which procedures for managing sports-related concussion are discussed.

Trained Personnel

Brunswick School's Athletic Trainers develop and implement the School's Protocols and Procedures with assistance from physicians and other medical professionals. All Brunswick School's Athletic Trainers are Certified Athletic Trainers (ATC), who continually educate themselves on prevention, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions.

The ATCs are certified by The Board of Certification, Inc. (BOC). BOC was incorporated in 1989 to provide a certification program for ATCs. The BOC establishes and regularly reviews both the standards for the practice of athletic training and the continuing education requirements for BOC ATCs. The BOC has the only accredited certification program for ATCs in the United States. Athletic training is recognized by the American Medical Association as a health care profession (*This definition is approved by the NATA Board of Directors, January 2013*). The National Athletic Trainers' Association (NATA), founded in 1950, is the professional membership association for ATCs and others who support the athletic training profession.

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I. ImPACT Neuropsychological Testing Requirements

A. ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) is a research-based software tool utilized to evaluate recovery after concussion. It was developed at the University of Pittsburgh Medical Center. ImPACT evaluates multiple aspects of neurocognitive function, including memory, attention, brain processing speed, reaction time, and post- concussion symptoms.

B. Student Responsibilities:

1. All students entering Ninth grade at Brunswick School are required to take a baseline ImPACT test before participating in athletic activities. The test will be administered by the athletic department staff. Any new student entering after ninth grade will also be required to take a baseline ImPACT test prior to participation in athletic activities.
2. All athletes will view a video presentation entitled: “Heads Up: Concussion in High School Sports,” prior to taking the baseline test.
3. The baseline test will be repeated every two years for all students.
4. Following clinical recovery of post-concussion symptoms and successfully completing the graduated return to exercise protocol, all injured students will be required to successfully complete a post-injury ImPACT test before returning to athletic participation.

C. Parents responsibilities:

1. Parents will confirm that their son has taken the ImPACT test as required by the School’s Protocols and Procedures.
2. Parents confirm that they are aware of the inherent risks involved in athletic activities and specifically that they are aware of the signs and symptoms of Athletic Concussions as outlined by the Center for Disease Control when consenting to their son’s participation in Athletic Activities.
3. Parents are directed to the CDC web-site “Heads Up” Concussion fact sheet when authorizing their consent form.

II. Recognition of Concussion

A. Common signs and symptoms of sports-related concussion

1. Signs (observed by others):

- Athlete appears dazed or stunned
- Confusion (about assignment, plays, etc.)
- Forgets plays
- Unsure about game, score, opponent
- Moves clumsily (altered coordination)
- Balance problems
- Personality change
- Responds slowly to questions
- Forgets events prior to hit
- Forgets events after the hit
- Loss of consciousness (any duration)

2. Symptoms (reported by athlete):

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

These signs and symptoms are indicative of probable concussion. Other causes for symptoms should also be considered.

III. Referral Guidelines for Athletic Department Staff

A. Suggested Guidelines for Management of Sports-Related Concussion

1. Any athlete with a witnessed loss of consciousness (LOC) of any duration should be spine boarded and transported immediately to nearest emergency department via emergency vehicle.
2. Any athlete who has symptoms of a concussion, and who is not stable (*i.e.*, condition is changing or deteriorating), must be transported immediately to the nearest emergency department via emergency vehicle.
3. An athlete who describes stable symptoms consistent with a diagnosis of concussion, may be transported by his parents. The parents should be advised to contact the athlete's primary care physician, or seek care at the nearest emergency department on the day of the injury.
 - a. However, parents should *always* be given the option of emergency transportation, even if it does not appear to be necessary.

IV. Procedures for the Certified Athletic Trainer (ATC)

- A. The ATC will assess the injury, or provide guidance to the coach if unable to personally attend to the athlete.
 - 1. Immediate referral to the athlete's primary care physician or to the hospital will be made when medically appropriate (*see section II*).
 - 2. The ATC will notify the athlete's parents and give written and verbal home and follow-up care instruction.
- B. The ATC will notify the school nurse of the injury prior to the next school day.
 - 1. The school nurse will notify the athlete's adviser and Dean.
 - 2. The ATC will continue to provide coordinated care with the school nurse for the duration of the injury.
 - 3. The ATC will communicate with the athlete's guidance counselor regarding the athlete's neurocognitive and recovery status, if needed.
- C. The ATC is responsible for administering post-concussion ImPACT testing.
 - 1. The ATC will review post-concussion test data with the athlete and the athlete's parents.
 - 2. The ATC will forward the results of ImPACT testing to the athlete's treating physician as requested by the student's parents after a HIPAA release document is signed by the student's parents.
 - 3. The ATC is responsible for monitoring recovery and coordinating the appropriate return to play activity progression.
 - 4. The ATC will maintain appropriate documentation regarding assessment and management of the injury.

v. Guidelines and Procedures for Coaches

1. Coaches must report all head injuries to the ATC as soon as possible.
2. Coaches will seek assistance from the host site ATC if at an away contest.
3. Any athlete who exhibits symptoms of a concussion should be removed immediately from participation. The coaches will not allow the student to participate for the remainder of the day.
4. If the Brunswick School ATC is unavailable, or the athlete is injured at an away event, the coach is responsible for notifying the athlete's parents of the injury and make arrangements for them to pick the athlete up at school.
5. If, in the absence of an on-site ATC, the coach is uncertain about the medical status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete should be referred to the emergency department for evaluation. A coach or ATC should accompany the athlete and remain with the athlete until a parent arrives.
6. Athletes with suspected head injuries will not be permitted to drive home.

VI. Training of Coaches

- A. All new coaches, including coaches of intramural athletics, complete an initial training course regarding concussions.
 - 1. The initial training courses will be the ConcussionWise™ on-line concussion education programs. Sport Safety International has partnered with the Connecticut Athletic Trainers' Association to offer the ConcussionWise™ series of educational programs.
 - 2. These programs have been peer-reviewed and are consistent with the latest science and practical applications regarding the prevention and management of concussion.
- B. Returning coaches, including coaches of intramural athletics, shall annually review current and relevant information regarding concussions with the School's Athletic Training Staff prior to starting the season.
- C. Returning coaches, including coaches of intramural athletics, shall complete a refresher ConcussionWise™ course every two years.
- D. All coaches, including coaches of intramural activities, are certified in First Aid/CPR/AED. Re-certification through training and testing is required every two years.

VII. Return To Play (RTP) Procedures After Concussion

Brunswick return to play guidelines follow the guidelines published by the Institute of Medicine and National Research Council of the National Academy of Sciences as published in 2013. The biology and treatment of concussion remains an active area of both basic science and clinical research. These guidelines will be reviewed to maintain consistency with consensus guidelines as published in the medical literature.

A. Returning to play after concussion

1. The athlete must meet all of the following criteria in order to progress to activity:
 - a. asymptomatic at rest and with exertion (including cognitive function);
 - b. within normal range of baseline on post-concussion ImPACT testing; and
 - c. provide written clearance from a physician.
2. Successful completion of a supervised return to exercise program.
3. The ATC makes the final call on all RTP decisions.