

CONCUSSION MANAGEMENT POLICY & PROTOCOL

These guidelines are being published to clarify the Athletic Training Program's Policy & Protocol regarding mild traumatic brain injuries (MTBI), or more informally known as concussions. Data and information is based on the most up-to-date knowledge on MTBIs. It is our obligation that all athletes, parents, coaches, athletic department personnel, school nurse and supervising physician become familiar with the following Concussion Management Policy.

Definition of Sports Concussion

A sports concussion is defined as a mild traumatic brain injury induced by biomechanical forces. Further defined by:

- A direct blow with force transmitted to the head
- Rapid onset of short-lived impairments
- Neuropathological changes and functional disturbance
- A graded set of clinical syndromes that may or may not involve LOC; resolution follows a sequential course
- Grossly normal neuroimaging studies

Signs

- Disorientation, confusion
- Retrograde/anterograde amnesia
- Loss of consciousness
- Unequal pupil size
- Combativeness
- Slowness to answer questions
- Loss of balance
- Atypical behavior/personality
- Vacant Stare

Symptoms

- Headache
- Nausea
- Balance issues/dizziness
- Tinnitus
- Diplopia (double vision)
- Blurred Vision
- Trouble Sleeping
- Trouble Concentrating
- Memory Issues
- Irritability/Sadness
- Sensitivity to light or noise

Education and Compliance

Parents/Guardians & Athletes

All parents/guardians and athletes will receive on an annual basis in writing a fact sheet pertaining to concussion signs & symptoms, the danger of returning too soon, and what to do if a concussion is suspected. Written verification of receiving and reading this form must be returned to the athletic department. Athletes will not be allowed to practice or compete in their sport without this form on file in the athletics office.

Coaches

All coaches shall complete the free NFHS course: Concussion in Sport on an annual basis. This course teaches how to recognize signs and symptoms of concussion and removal from play.

Management Protocol

In the event an athlete suffers a concussion, the following steps will be taken to ensure the highest level of care possible:

1. The athlete will be removed from the activity for the remainder of the day.
2. The certified athletic trainer will complete an initial evaluation.
 - a. If the certified athletic trainer is not present (i.e. away game, off-season practice, etc.) the coach will communicate the injury to the certified athletic trainer via phone call or text message.
3. The parent/guardian will be notified via phone call, and the athlete will be sent home with the Concussion Clearance Packet.
 - a. Athletes will be instructed to visit a physician as soon as possible.
 - b. Following the injury, the athlete will see the athletic trainer daily (if in school) to report symptoms. This will continue under the supervision of the certified athletic trainer until the athlete is released to full participation.
4. The principal, student's advisor, and school nurse will be notified via email.
5. At this time, the athlete will not be allowed to practice or compete in any amount until written clearance is obtained by the evaluating licensed healthcare provider (physician) and the athlete completes the gradual Return to Play Protocol (See Clearance to Participate).
 - a. If the licensed healthcare provider prefers a different return to play protocol, that protocol must be attached to the clearance note.

Clearance to Participate

In accordance with Ed. Code 49475: "A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in education and management of concussion and receives written clearance to return to play from that health care provider." (physician only)

Written clearance will be documented in the Concussion Clearance Packet under the "Physician Head Injury Evaluation" section. If written clearance was obtained by a separate physician's note, the following must be clearly stated in order to return to full participation:

- a. Diagnosis
- b. Clearance status

- c. Physician's name (printed) and contact information
- d. Return-to-Play protocol to follow under ATC supervision

RPS Return to Play Guidelines

At any time during a practice or game that a student athlete experiences any sign(s)/symptom(s) of a concussion he/she will not be allowed to return to play/practice that day.

Concussed athletes may return to play when they meet the following criteria:

1. Asymptomatic (with no use of medications to mask headache or other symptoms).
2. Completes the Amsterdam Activity Progression (see below).
3. ImPACT scores return to within normal limits of baseline (*if applicable*).

Any loss of consciousness will be managed on an individualized basis as approved by the supervising physician.

Individuals with symptoms lasting more than four weeks will be sent back to the physician for further evaluation.

Athletes who hand in physician clearance notes inconsistent with this policy may be asked to seek a second opinion.

Amsterdam Return to Activity Progression

We follow a stepwise activity progression based on recommendations in the Amsterdam Consensus Statement from the 6th International Congress on Concussion in Sport as follows:

*** Steps 1-3 may begin while symptomatic, but the individual cannot progress to the next step if there are any exacerbation of symptoms.**

Step 1: Begin daily activities (walking, school, work) that do not exacerbate symptoms. May begin within 24 hours of injury.

Step 2: Light to moderate aerobic activity (stationary biking or treadmill at slow to medium pace).

Step 2A: Light aerobic exercises, up to approximately 55% max heart rate

Step 2B: Moderate aerobic exercise, up to approximately 70% max heart rate

Step 3: Individual sport-specific or functional exercise (running, change of direction, and/or training drills).

*** Steps 4-6 can only begin after the full resolution of any symptoms, abnormalities in cognitive functions, and any other clinical findings related to the current concussion, including with and after physical exertion. Must have full physician clearance.**

Step 4: Non-contact high intensity training drills/practice activities.

Step 5: Full contact practice

Step 6: Full game play

Each step is separated by at least 24 hours. If there is an increase in symptoms during Steps 1-3 or if any symptoms occur during Steps 4-6, the athlete will drop back to the previous step and try to progress again after 24 hours of rest has passed.

ImPACT Testing

For all Upper School and Middle School sports we require pre-season baseline neurocognitive testing using the ImPACT® (Immediate Post Concussion Assessment and Cognitive Testing) software program to assist in the management of head injuries. The 20-minute program is set up in a “video-game” format. It tracks neurocognitive information such as memory, reaction time, brain processing speed and concentration. We may conduct a post-concussive test when the athlete is asymptomatic and continue to test the athlete until their scores return to normal. Please note that this program is used only as a tool in making return to play decisions. Additional information about ImPACT® can be found at www.impacttest.com.

THE CERTIFIED ATHLETIC TRAINER RESERVES THE RIGHT TO HAVE THE FINAL SAY IN ALL RETURN TO PLAY DECISIONS. IN THE EVENT THE CERTIFIED ATHLETIC TRAINER IS ABSENT, THE LICENSED HEALTHCARE PROVIDER’S NOTE WILL STAND AS IS.

AT NO TIME WILL A COACH MAKE A RETURN TO PLAY DECISION.

THIS CONCUSSION MANAGEMENT POLICY IS NOT ALL-INCLUSIVE, AND THE CERTIFIED ATHLETIC TRAINER RESERVES THE RIGHT TO ALTER THE POLICY AT ANY TIME AS THEY BEST SEE FIT TO PROTECT THE ATHLETE.