

Eanes ISD Concussion Management Packet

INTRODUCTION

A concussion, or mild traumatic brain injury (mTBI), is caused by a force applied directly or indirectly to the skull that results in the rapid acceleration and/or deceleration of the brain. This sudden change in cerebral velocity creates the mechanism of injury that leads to altered neurological functioning, commonly associated with a concussion. The Eanes ISD Sports Medicine Department, under the direct supervision of a physician licensed by the state of Texas, strives to provide student-athletes with the highest quality of health care. As licensed medical professionals, athletic trainers receive comprehensive didactic and clinical training in concussion management. Therefore, our athletic training staff is responsible for managing the cases of all high school student-athletes who sustain a concussion in UIL athletics. The athletic training staff also assists the middle school nurses with any concussions from middle school athletics. Students who sustain a concussion in non-UIL sports, or who do not participate in athletics, will have their cases managed entirely by our school nurses.

Concussions have a variety of signs and symptoms which can range from mild to debilitating and may manifest differently in each individual case. Common signs and symptoms of a concussion may include, but are not limited to, headache, nausea, dizziness, sensitivity to light/noise, fatigue, difficulty concentrating, and trouble sleeping. For a more comprehensive list, please see the post-concussion symptom score (PCSS) sheet at the end of this packet.

PURPOSE

The Eanes ISD Concussion Management Policy is designed to streamline the safe, effective, and objective management of concussions sustained by students. By following this protocol, Eanes ISD aims to provide a standardized method of managing concussions to prioritize student safety, ensure a safe return-to-play, and to support students academically. Eanes ISD also recognizes that each concussion and student may have a unique path to recovery. By managing concussions individually, and considering each student's medical history, it allows the supervising physician, athletic trainer, and nurse to ensure the safety and well-being of each student that is recovering from a concussion.

Portions of this packet may not apply to your student based on their grade and whether they participate in UIL athletics. If you have questions, speak to the Eanes ISD healthcare provider who is managing your student's case.

Through continually evaluating concussion management best practices, Eanes ISD aims to prioritize the health, safety, and welfare of its students. In addition, this protocol complies with HB 2038, the UIL's concussion management protocol, and TEC Section 38.153.

CONCUSSION MANAGEMENT TEAM

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STUDENT & FAMILY EXPECTATIONS

If you have received this paperwork, your student has been evaluated for a concussion by an Eanes ISD healthcare professional and is believed to have sustained a concussion. Please read the following information to learn about navigating the Eanes ISD Concussion Management Policy and how to best support your student in their recovery.

- A. Your student **must** be evaluated by a physician outside of the emergency department or urgent care setting. The Eanes ISD healthcare professional who evaluates your student will be able to recommend multiple concussion clinics that have physicians trained in concussion management. We highly recommend utilizing one of these clinics to receive a thorough evaluation and to ensure the necessary paperwork required by the UIL for return to sport is completed.
- B. Bring this packet to your appointment for the physician to complete the **Eanes ISD Concussion Academic Support Form** (Page 5). The concussion clinics that Eanes ISD recommends will likely use their own forms, which supersede our form. Upon receiving this documentation, your student's teachers, coaches, guidance counselor, assistant principal, and the Academic Resource Center (ARC) will be notified of any physician prescribed academic supports.
 - a. As of the 2024-25 school year, the ARC is stepping in to help with the academic portion of concussion management. Once your student has been diagnosed with a concussion expect to hear from the ARC about creating a short term intervention plan.
- C. Please complete the student and parent acknowledgement signatures on page 4 (and on the **UIL's Concussion Management Protocol Return to Play Form** (Page 6) if your child is in UIL athletics) and have your student return the packet to the Eanes ISD healthcare professional managing your student's case.
- D. If your student misses school as a result of their concussion, please email the attendance office and include a school note from the treating physician.
- E. It is important for student-athletes to focus primarily on their academics throughout the return-to-play process. Students must progress to full days of school and show adequate academic progress before they will be allowed to progress in the return-to-play process.
 - a. While staff will be notified about supporting our students recovering from concussions, students should also consistently communicate with their teachers about their academic workload, plans to complete missing assignments, and additional support they may need. If your student is struggling to manage any of this, they should reach out to their case manager in the ARC.
- F. Students are expected to check in with the athletic training staff or school nurse daily. Report times and expectations may change throughout the recovery process, so it is important for the student to see the athletic trainer or school nurse as instructed.
- G. Students in UIL athletics are also expected to communicate with their coaches to check in and discuss expectations during the recovery process. Attendance of typically mandatory practices, competitions, and conditioning / weight room sessions will be made at the discretion of the athletic training staff.
- H. **If your student experiences a prolonged recovery** from their concussion, we require you to follow up with the treating physician at minimum every four weeks. This is required to re-evaluate your child's concussion care plan and to update/maintain their academic supports.

RETURN TO PLAY GUIDELINES

When a student-athlete is diagnosed with a concussion, the following return to play protocol will be followed as agreed upon by the CMT. The protocol will utilize two supervised phases, advancing no faster than one stage per day. If at any point during this process the student-athlete experiences a prolonged increase in symptoms, they must wait at least 24 hours before resuming the progression. However, it is important to note that symptoms may become mildly aggravated during the prescribed exercise(s). The general course for return to play will follow this basic sequence:

- **Phase 1 (Non-Symptom Provocative / Therapeutic Phase)** – the primary goal of this phase is to facilitate a student-athletes acute recovery to begin attending full days of school and to tolerate their activities of daily living. During this stage, student-athletes should be focused on completing their academic work on an “as tolerated” basis and may complete low-threshold cardiovascular exercise (i.e. walking, stationary bike) under the supervision/recommendation of the athletic training staff and/or treating physician.
 - **Prior to progressing to Phase 2**, you must provide the athletic training staff with written medical clearance from a physician (preferably from a concussion clinic) on the **Eanes ISD Concussion Academic Support Form**, or a similarly formatted medical note that includes the same information.
- **Phase 2 (Return to Play)** – the primary goal of this phase is to increase the student athlete’s physical activity in a stepwise manner, ultimately leading to a safe and efficient full return to play. Progress during this stage will be based on the ability to handle increased physical stress without experiencing a prolonged increase in symptoms.
 - Stage 1 – Light aerobic activity
 - Stage 2 – Moderate aerobic activity
 - Stage 3 – Non-Contact Practice / Weight Room & Conditioning.
 - Stage 4 – Full Contact Practice or Training – Prior to a full return to play, the **UIL’s Concussion Management Protocol Return to Play Form** must be completed and returned to the athletic training staff.
 - Stage 5 – Full Return to Play

RETURN TO LEARN GUIDELINES

The return-to-learn protocol follows a similar stepwise progression, in which students will gradually increase their academic workload on an “as tolerated” basis. It is important for students to focus primarily on their academics throughout the return-to-play process. The general course for return to learn will follow this basic sequence:

- Stage 1 – Cognitive rest – No electronics, reading, or homework
- Stage 2 – Dosed homework (5-15 min. interval work, increase to 25-30 min. intervals)
- Stage 3 – Partial school day
- Stage 4 – Full school day with academic supports
- Stage 5 – Full school day with limited academic supports
- Stage 6 – Full classroom participation, cleared of academic supports

It is important to note that students do not need to begin in Stage 1 of the return-to-learn protocol. Students will begin at the highest stage that they can tolerate. Upon reaching Stage 6, students will be granted a specified period of time equal to the amount of time they spent in the concussion protocol in order to complete any missing assignments resulting from their concussion diagnosis.

EVOLUTION & FUTURE CONSIDERATIONS *(Policy last updated: September 2024)*

This policy as well as the issue of sports concussion management is continually evolving and will be updated in accordance with the best, evidence-based guidelines and standards.

LIABILITY PROVISIONS

The student and the student's parent or guardian or another person with legal authority to make medical decisions for the student-athlete understands this policy does not:

1. Waive any immunity from liability of a school district or open-enrollment charter school or of district of charter school officers or employees;
2. create any liability for a cause of action against a school district or open-enrollment charter school or against district or charter school officers or employees;
3. waive any immunity from liability under Section 74.151, Civil Practice and Remedies Code;
4. create any liability for a member of a concussion oversight team arising from the injury or death of a student participating in an interscholastic athletics practice of competition, based only on service on the concussion oversight team.

By signing this form, I understand the risks and dangers related with returning to play too soon after a concussion. Furthermore, in the event that my son/daughter is diagnosed with a concussion, I give my consent for my son/daughter to participate in and comply with the Eanes ISD return-to-play and return-to-learn protocol. The undersigned, being a parent, guardian, or another person with legal authority, grants this permission.

Student's Name: (print) _____

Student's Signature: _____ Date: _____

Parent's or Guardian's Name: (print) _____

Parent's or Guardian's Signature: _____ Date: _____

Eanes ISD Concussion Academic Support Form

Teachers, _____ has suffered a concussion. Please allow for the following checked items of support to ensure the academic success and healing of this student. This protocol is being managed by a Westlake High School Athletic Trainer: _____

Classroom Supports

☐	Rest
☐	Minimize multitasking
☐	Minimize computer use
☐	Written instructions for homework as needed
☐	Printed classroom notes as needed
☐	No electronics
☐	Present and repeat new information slowly
☐	Allow to wear sunglasses
☐	Allow rest time / put head on desk
☐	Allow student to visit school nurse if symptoms worsen
☐	Share progress and difficulties with athletic trainer / school nurse
☐	Allow student to leave class early to pass in quiet hallways

THIS FORM IS FOR THE PHYSICIAN TO COMPLETE. IF THE PHYSICIAN PREFERS TO USE THEIR OWN TEMPLATE, THAT IS FINE.

Assignments

☐	Extended time to complete assignments
☐	Minimize sustained reading
☐	Reduce homework volume to tolerable levels

Testing

☐	Extended time to make up examinations
☐	May take tests at this time when student feels prepared
☐	No standardized testing, tests, or quizzes at this time

Attendance

☐	Doctor ordered half days
☐	Doctor ordered no school

Return to Learn Progress

***Stage 1: Cognitive Rest (No electronics, reading, or homework)**

***Stage 2: Dosed Homework (5-15 min. interval work, make sure symptoms recover, increase to 25-30 minutes)**

***Stage 3: Partial School day: 1-2 periods, increasing to half day with academic supports above**

***Stage 4: Full school days with academic support**

***Stage 5: Full school day without academic support (after this is completed they are cleared of academic support)**

Stage 6: Cleared of academic support, full classroom participation, begin making up all work

***Students may still need flexibility with deadlines for stages 1-5**

Protocol Begin Date:

Support last Updated:

Protocol End Date:

Physician Signature _____

(Please Check the release or follow up box below)

Student is released to RN or AT care ☐

Student must follow up ☐

Date of follow up:



Concussion Management Protocol Return to Play Form

This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with the Return to Play protocol established by the school district Concussion Oversight Team, as determined by the superintendent or their designee (see Section 38.157 (c) of the Texas Education Code).

Student Name (Please Print)

School Name (Please Print)

Designated school district official verifies:

Please Check

- ☐ The student has been evaluated by a treating physician selected by the student, their parent or other person with legal authority to make medical decisions for the student.
- ☐ The student has completed the Return to Play protocol established by the school district Concussion Oversight Team.
- ☐ The school has received a written statement from the treating physician indicating, that in the physician's professional judgment, it is safe for the student to return to play.

School Individual Signature

Date

School Individual Name (Please Print)

Parent, or other person with legal authority to make medical decisions for the student signs and certifies that he/she:

Please Check

- ☐ Has been informed concerning and consents to the student participating in returning to play in accordance with the return to play protocol established by the Concussion Oversight Team.
- ☐ Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol.
- ☐ Consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return to play recommendations of the treating physician.
- ☐ Understands the immunity provisions under Section 38.159 of the Texas Education Code.

Parent/Responsible Decision-Maker Signature

Date

Parent/Responsible Decision-Maker Name (Please Print)

Name:	Date/Time		Date/Time		Date/Time		Date/Time		Date/Time		Date/Time		Date/Time
Sport:													
Grade:													
Migraine/Physical Symptoms													
Headache													
Nausea													
Vomiting													
Balance Problems													
Dizziness													
Sensitivity to light													
Sensitivity to noise													
Numbness or tingling													
Visual Problems													
Score:													
Cognitive													
Fatigue													
Drowsiness													
Feeling slowed down													
Feeling mentally foggy													
Difficulty concentrating													
Difficulty remembering													
Score:													
Sleep													
Trouble falling asleep													
Sleeping more than usual													
Sleeping less than usual													
Score:													
Neuropsychiatric													
Irritability													
Sadness													
Nervousness													
Feeling more emotional													
Score:													
Symptom Score:													

