



Godley ISD Concussion Management Protocol 2025-2026 School Year

Purpose

A **Concussion Management Protocol** is a structured framework of policies, tools, and procedures designed to guide the care and management of student-athletes who sustain a concussion. It defines how the school's **Concussion Oversight Team (COT)** prepares for, identifies, and responds to these injuries.

While the term “concussion protocol” might suggest a rigid, one-size-fits-all process, experienced healthcare providers understand that concussion care must be **individualized**. Each student's recovery is unique, and decisions must be based on a combination of clinical judgment, symptom monitoring, and return-to-learn/play criteria. The purpose of the protocol is to ensure **consistency, safety, and clear communication** among all stakeholders—coaches, healthcare professionals, administrators, students, and parents—when a concussion occurs.

This Concussion Management Protocol complies fully with the requirements of **House Bill 2038, also known as Natasha's Law**.

House Bill (HB) 2038 – Natasha's Law

HB 2038 (Natasha's Law) was signed into law by Governor Rick Perry on **June 17, 2011**, to establish statewide standards for the prevention, diagnosis, treatment, and oversight of concussions in **student-athletes in Texas public schools**.

Key provisions of the law include:

- **Concussion Oversight Team (COT):** Each school district must establish a COT responsible for developing and implementing the district's concussion protocol.
- **COT Membership:** The team must be chaired by a **licensed physician**. If the district employs an **athletic trainer**, they are required to serve on the team. Other **licensed healthcare professionals** trained in concussion management (such as nurse practitioners, physician assistants, or neuropsychologists) may also be included.
- **Training Requirement:** All members of the COT must complete **formal training in concussion management** to ensure up-to-date, evidence-based practices are applied.
- **Return-to-Play (RTP) Protocol:** Students diagnosed with a concussion must receive written clearance from a physician and complete a supervised, stepwise RTP protocol before returning to full participation in athletic activities.

Natasha's Law was enacted to improve student safety and ensure that concussion-related decisions are made by qualified professionals with student health as the top priority.



Concussion Oversight Team

Members of the Concussion Oversight Team:

| Name | Title | Role on Team | License/Certification |
|------------------------------|-----------------------------|---|-----------------------|
| Texas Orthopedics Associates | Physician | Medical oversight, diagnosis, RTP authorization | MD |
| Nichole Harmon | Athletic Trainer | Evaluation, communication, sideline management | ATC, LAT |
| Katie Jokel | Health Services Coordinator | Monitoring during school hours | RN |
| Lori Wilson | High School Nurse | Monitoring during school hours | RN |
| Lacey Jones | Middle School Nurse | Monitoring during school hours | RN |

Note: The COT must include at least one **physician** and one **licensed health care provider** trained in concussion management as required by Texas Education Code §38.154.

Education and Training

- All **coaches, trainers, and other appropriate school personnel** must complete an approved **concussion training course annually** (as per TEC §38.158).
- **Student-athletes and parents/guardians** must receive and sign a UIL-approved **Concussion Acknowledgment Form** before participation in any athletic activity.

Definition of a Concussion

A **concussion** is a **type of traumatic brain injury (TBI)** caused by a **traumatic biomechanical force**—often a blow to the head or body—that causes the brain to move rapidly within the skull. This sudden movement can disrupt normal brain function, resulting in a **complex pathophysiological process** that affects the brain’s ability to function properly.

A concussion **may or may not involve a loss of consciousness** and can present with a range of symptoms, including **headache, confusion, dizziness, nausea, balance problems, memory issues, and difficulty concentrating**. Even what appears to be a mild jolt can lead to a concussion or other serious brain injury.

Our understanding of sports-related concussion has advanced significantly. What was once dismissed as “just a ding” is now recognized as a potentially serious injury that can cause both **short- and long-term effects on brain function**. Young athletes are particularly **vulnerable to the impacts of concussion**, and in rare cases, complications can lead to severe outcomes, including death. For these reasons, proper evaluation, management, and recovery protocols are critical.



Recognizing signs and symptoms of a concussion

Early recognition of a concussion is essential for ensuring proper care and recovery. Concussions can present in various ways, and symptoms may appear **immediately or hours after the injury**. It is important that anyone involved in sports or physical activity is familiar with the common **signs** (observable by others) and **symptoms** (reported by the individual) of a concussion.

A. Common Signs of Concussion (Observed by Others)

- Appears dazed or stunned
- Confused or unsure about events
- Forgets instructions or recent information
- Moves clumsily or has trouble with coordination
- Answers questions slowly
- Brief loss of consciousness
- Displays mood, behavior, or personality changes
- Difficulty recalling events before or after the injury

B. Common Symptoms of Concussion (Reported by the Individual)

- Headache or pressure in the head
- Nausea or vomiting
- Dizziness or problems with balance
- Blurred or double vision
- Sensitivity to light or noise
- Feeling sluggish, foggy, or groggy
- Difficulty concentrating or remembering
- Feeling more emotional, anxious, or irritable
- Sleep disturbances (e.g., sleeping more or less than usual, trouble falling asleep)

C. Red Flag Symptoms (Seek Immediate Medical Attention)

If any of the following are present, **emergency medical attention should be sought immediately**:

- One pupil larger than the other
- Inability to wake up or persistent drowsiness
- Headache that worsens or does not go away
- Slurred speech, weakness, numbness, or poor coordination
- Repeated vomiting or prolonged nausea
- Seizures or convulsions
- Unusual behavior or increasing confusion
- Prolonged loss of consciousness



Concussion Protocol

A. Identification and Immediate Response

If an individual is suspected of having sustained a **concussion or closed head injury** during athletic participation or other physical activity:

1. **Immediate Removal**

The individual must be **immediately removed from all physical activity** once signs or symptoms of a concussion are observed or reported. No same-day return to play is permitted under any circumstances.

2. **Monitoring**

The individual will be closely monitored for any changes in condition. If symptoms worsen or reach an emergency level, they must be referred **immediately to emergency medical care**.

B. Immediate Entry into Concussion Protocol

Upon removal from activity due to suspected concussion, the individual **immediately enters the concussion management protocol**, which includes the following steps:

1. **Medical Evaluation**

- The individual must be evaluated by a **licensed physician (MD or DO)**
- Chiropractors are **not authorized** to diagnose or clear concussions.
- If the physician rules out a concussion, a **differential diagnosis** explaining the symptoms must be provided. The COT reserves the right to still enforce the return to play protocol even with a differential diagnosis.

2. **Daily Symptom Monitoring**

- The individual will complete a **daily symptom and physical evaluation** overseen by the athletic trainer

3. **Sub-Threshold Activity (If Approved)**

- If prescribed by a healthcare provider, the individual may engage in **light cardiovascular activity** (e.g., walking, stationary cycling) that does **not worsen symptoms**.

4. **Return-to-Play Progression**

- The individual must successfully complete a **gradual, stepwise Return-to-Play protocol** with **no recurrence of symptoms**. See Return to Play section for detailed steps.

5. **Final Medical Clearance**

- A **UIL Return-to-Play form**, signed by the athletic trainer and parent must be submitted before the individual is cleared for full athletic participation.
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C. Academic Support and Communication

- Affected staff (e.g., teachers, coaches) will be notified of the individual's condition and expected recovery process.
- If a physician recommends **academic accommodations**, they will be implemented immediately and monitored in coordination with the appropriate school personnel.



Return-to-Sport Strategy

Overview

A student-athlete removed from play due to a suspected concussion:

- **Must be evaluated and cleared in writing by a licensed physician** before returning to any physical activity.
- **Must successfully complete the UIL's six-step Return-to-Sport protocol**, supervised and documented by the athletic trainer.
- Must remain **symptom-free both at rest and during exertion** before advancing or returning to full participation.
- **Final clearance for return to sport is determined jointly by the licensed physician and the COT member overseeing the process.**

UIL Six-Step Return-to-Sport Guidelines

| Step | Activity | Duration | Description |
|------|--|-------------------|---|
| 1 | Symptom-limited activity | 10–15 minutes | Daily activity that does not worsen symptoms (e.g., walking). Mild symptoms allowed. |
| 2a | Light aerobic exercise | 20–30 minutes | ~55% max HR (stationary bike, walking, light resistance). |
| 2b | Moderate aerobic exercise | 20–30 minutes | ~70% max HR (stationary bike, walking, light resistance). |
| 3 | Sport-specific exercises (non-contact) | 30–45 minutes | Running, direction changes, training drills away from team environment with no impact risk. |
| 4 | Non-contact training drills | Full team session | High-intensity drills with team, no contact. Must be symptom-free to start and progress. |
| 5 | Full-contact practice | Full session | Normal training activities including contact. Must be symptom-free to progress. |
| 6 | Return to sport (game day) | Game day | Full return to competition. |

Important Notes

- **Each step requires a minimum of one full day.** Progression to the next step occurs only if no symptoms worsen during or after the activity.
- For **Steps 1-3**, mild symptoms may be tolerated, but if symptoms worsen, the athlete must rest and **return to the previous step** the following day.
- **Steps 4-6 cannot begin until all symptoms have fully resolved**, including those affecting academics. The athlete must be completely symptom-free to start these steps and must remain symptom-free to progress.
- If symptoms reappear at any point during the progression, the athlete must **return to the previous step and rest until symptom-free** before attempting to progress again.

This Return-to-Sport Strategy ensures a **gradual, safe, and individualized approach** to recovery from concussion, minimizing the risk of re-injury or prolonged symptoms.



Return-to-Learn Strategy

The Return-to-Learn Strategy provides a gradual, supportive plan for student-athletes recovering from concussion to safely resume academic activities while minimizing cognitive stress that may exacerbate symptoms.

Principles

- Recovery from concussion involves both **physical** and **cognitive rest** followed by a **gradual return to academic activity** tailored to the student's symptom status.
- Academic demands may need to be modified temporarily to avoid symptom exacerbation and support healing.
- Close communication among the Concussion Oversight Team (COT), parents/guardians, medical providers, and school staff is essential for effective academic reintegration.

| Phase Description | | Goals and Accommodations |
|-------------------|--|---|
| 1 | Initial Rest | Cognitive rest: avoid school, homework, screen time, and testing. Focus on symptom management and recovery. |
| 2 | Light Cognitive Activity | Brief periods of schoolwork or reading with frequent breaks. Limit screen time and workload to avoid symptom increase. |
| 3 | Increased Cognitive Activity | Gradual increase in academic tasks and school attendance. Accommodations may include shortened school days, reduced homework, extra time on assignments, and rest breaks. |
| 4 | Full Academic Participation with Accommodations | Student attends full school days and completes all work with ongoing supports as needed. Symptom monitoring continues. |
| 5 | Full Return to Academics without Accommodations | Student resumes regular academic workload without restrictions and is symptom-free. |

Return-to-Learn Phases

Monitoring and Adjustments

- Academic progress and symptom status will be monitored regularly by school staff and the COT.
- If symptoms worsen at any phase, the student should reduce academic demands and possibly return to the previous phase until symptoms improve.
- Adjustments to accommodations should be individualized based on the student's response to academic activity and physician recommendations.

Communication

- The school nurse, counselor, or designated COT member will coordinate communication with teachers and parents to implement and monitor accommodations.
- Parents and medical providers will be kept informed of the student's academic status and recovery progress.

This Return-to-Learn Strategy ensures that students recovering from concussion can safely and effectively reintegrate into academics, minimizing setbacks and promoting recovery.



VIII. Documentation and Recordkeeping

- All evaluations, medical clearances, and Return-to-Play (RTP) progress will be thoroughly documented and securely maintained in each athlete's health file within **Rank One**.
 - Signed Concussion Acknowledgment Forms will also be stored electronically by the athletic department in **Rank One**.
 - All concussion-related records will be retained for a minimum of **two years following the athlete's graduation** or as otherwise required by district policy.
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IX. Communication

- Parents or guardians will be notified **immediately** upon a suspected concussion.
 - Ongoing communication will be maintained throughout the recovery process among the Concussion Oversight Team (COT), parents/guardians, the treating physician, and relevant school staff.
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X. Review of Protocol

This concussion management protocol will be reviewed annually by the COT and updated as necessary to reflect changes in UIL regulations, current medical guidelines, and applicable state laws.