

CONCUSSION MANAGEMENT POLICY

At Archbishop Stepinac High School, students participate in interscholastic sports, intramural sports and physical education classes. Although the Board of Trustees of the School District takes reasonable care to prevent student injuries, the Board of Trustees of the School District recognizes that concussions and head injuries are the most commonly reported injuries in children and adolescents who participate in interscholastic athletic activity, physical education class, extracurricular or school-sponsored activity. Therefore, Archbishop Stepinac adopts the following policy and guidelines to assist in the proper evaluation and management of head injuries.

Concussion is a mild traumatic brain injury. Concussion occurs when normal brain functioning is disrupted by a blow, jolt or repetitive injury to the head. Recovery from concussion will vary. Avoiding re-injury and overexertion until fully recovered are the cornerstones of proper concussion management.

The Athletic Director will oversee the implementation of the Concussion Management and Awareness Act throughout Stepinac High School, including but not limited to: coordination of mandatory biennial training relating to concussions, for all coaches, physical education teachers, nurses and certified athletic trainers that work with, and provide instruction to, students engaged in school sponsored athletic activities; school protocols; and concussion information and dissemination. Training will include, but not be limited to: the definition of a concussion, signs and symptoms of concussions and how they may occur, practices regarding prevention and guidelines for students' return to school and school activities after suffering a concussion, regardless of whether such injury occurred outside of school. The Athletic Director shall establish and implement a program, which provides information on concussions to parents and guardians throughout each school year.

Any student believed to have sustained a concussion or who is demonstrating signs, symptoms or behaviors consistent with a concussion, while participating in a school sponsored class, extracurricular activity, interscholastic athletic activity or any other athletic activity shall be immediately removed from the athletic activity and be evaluated as soon as possible by a licensed physician. The District will take steps to notify the student's parents or guardians and recommend appropriate monitoring to parents or guardians. The school nurse will act as a liaison for any student returning to school and/or athletic activity following a concussion. If there is any doubt whether a student has sustained a concussion, the injury will be treated as a concussion until proven otherwise. If a student sustains a concussion at a time other than when engaged in a school sponsored activity, the District expects that the student's parent/guardian will report the condition to the school nurse and Athletic Director so that Stepinac can support proper management of the condition.

No student shall return to athletic activity while experiencing symptoms consistent with those of a concussion. In accordance with law, no student shall resume athletic activity until he has been symptom free for not less than twenty-four (24) hours and has been evaluated by and received written and signed authorization/clearance from a licensed physician. The school nurse must provide clearance for return to extra class athletic activities. In accordance with District policy, under no circumstances shall a student/athlete who sustained a concussion participate in sports, practice, games, physical education class or any other athletic activities for five days following a diagnosed concussion. All student/athletes will participate in the gradual return to play plan, as described in the nurses' guidelines, when asymptomatic for five consecutive days. Any student who continues to have signs or symptoms upon return to activity must be immediately removed from athletic activity. Once the student is symptom free for twenty-four (24) hours thereafter, the student will be required to be reevaluated by, and present a licensed physician's written and signed authorization stating that he/she has been cleared to resume activities. The school's nurse shall review the new documentation provided by the student in order to determine if it is safe for the student to return to his/her regular school activities. The school nurse will provide clearance for students' re-return to extra class athletic activities.

Depending on the severity of the head injury and the individual circumstances of the student, appropriate modifications may be made to the student's participation in school in an effort to reduce the risk of re-injury and promote recovery. Collaboration will help ensure the development of an appropriate concussion management plan for the student. Parents and/or students are expected to accurately and promptly report injuries so that the student's health can be protected.

The School District shall make information available on its website regarding concussion and the guidelines for return to school and school activities once a concussion has been sustained by a student. The School District shall also include such information in any parent/guardian permission form or consent form required for a student's participation in interscholastic sports.

The School District will implement strategies to reduce the risk of head injuries in the school setting and at school sponsored events.

In addition, the school district shall develop school protocol, including a procedure and treatment plan, for concussion management for the School District, and shall coordinate communication among appropriate staff to ensure the post-concussion management orders of an injured student's physician are implemented and followed. Such protocol shall be developed and implemented in accordance with applicable law and this policy.

RETURN TO PLAY:

Stage One: Rest-Until Symptom- Free (Asymptomatic)

- a. Once student-athlete is asymptomatic for a full five days and received written permission to resume activity from a licensed physician, they can progress to Stage 2.
 - a. ImPACT test will be performed prior to seeing physician to begin return to play protocol.

Stage Two: Light Aerobic Exercise

- a. Fast walking/ stationary bike - for 15-20 minutes, supervised
- b. Any signs/symptoms during activity; stop for a day and restart Stage 2 after asymptomatic for 24 hours.

Stage Three: Moderate aerobic exercise

- a. Jogging/running/agility for 20 minutes, supervised.
- b. Any return of signs/symptoms, stop activity
- c. If symptomatic post exertion within 24 hours, rest until asymptomatic and restart Stage 3
- d. Asymptomatic for 24 hours, successful completion for Stage 3, proceed to Stage 4

Stage Four: Full participation in practice without contact

- a. Sport specific drill for 30-45 minutes (i.e. dribbling, passing, fielding, batting)
- b. Any return of signs/symptoms, stop activity.
- c. If symptomatic post exertion within 24 hours, rest until asymptomatic and restart Stage 4
- d. Asymptomatic for 24 hours, successful completion for Stage 4, proceed to Stage 5

Stage Five: Full Participation in practice with contact.

- a. Any return of signs/symptoms, stop activity.
- b. If symptomatic post exertion within 24 hours, rest until asymptomatic and restart Stage 5
- c. Asymptomatic for 24 hours, successful completion for Stage 5, proceed to Stage 6.

Stage Six: Full participation in practice and game, no restrictions , as long as symptom free

- a. Any return in signs/symptoms, stop activity
- b. If symptomatic post exertion within 24 hours, rest until asymptomatic and restart Stage 6
- c. Asymptomatic for 24 hours, successful completion of Stage 6, final clearance by athletic trainer.

Second Impact Syndrome:

Second impact syndrome is a very rare condition in which a second concussion occurs before a first concussion has properly healed, causing rapid and severe brain swelling

and often catastrophic results. Second impact syndrome can result from even a very mild concussion that occurs days or weeks after the initial concussion.

I. Vascular engorgement leads to massive intracranial pressure and brain herniation

II. May occur with subdural hematoma

III. Can result in brain damage or death (Mortality rate of 50%)

IV. All cases in literature, athletes were under 20 years old

*V. Should be treated as potentially catastrophic medical emergencies **CALL 911.***

CONCUSSION MANAGEMENT PLAN:

Subsequent to head injury, the Athletic Trainer will:

- A. Remove the athlete from play.
- B. Perform an initial evaluation of athlete.
- C. If a concussion is suspected, the following steps are taken:
 - a. Inform the athlete's parent/guardian of suspected concussion. Athlete will no longer practice/play for that day.
 - b. Athlete is sent home with information regarding what concussions are and signs and symptoms to look for.
 - c. The athlete **MUST** be cleared by a doctor before returning to play when a concussion is suspected and be symptom free for at least 24 hours. Clearance includes bringing in a doctor's note stating that he may return to competition. This note needs to be handed in directly to both the Certified Athletic Trainer and school Nurse.

Concussion Management:

- A. First Concussion:
 - a. Athlete must be cleared by their doctor.
 - b. They must remain symptom-free for 5 consecutive days and have ImPACT post injury scores comparable to their original baseline scores.
 - c. Complete Return to Play Protocol
 - i. If there was a loss of consciousness involved the athlete must remain symptom free for 14 days as well as ImPACT scores back to original.
- B. Second Concussion (defined within 12 months from the first concussion):
 - a. Athlete must be cleared by their doctor.
 - b. They must remain symptom-free for 14 consecutive days and have ImPACT post injury scores comparable to their original baseline scores.
 - c. Complete Return to Play Protocol
 - i. If there was a loss of consciousness involved the athlete must remain symptom free for 30 consecutive days as well as ImPACT scores back to baseline.
- C. Third Concussion (defined within 12 months of the first concussion)
 - a. Athlete must be cleared by their doctor.

- b. They must remain symptom-free for a minimum 30 consecutive days and have ImPACT post injury scores comparable to their original baseline scores.
- c. May be required to see a neurologist.

Before returning to full competition, the athlete will follow a return to play progression under supervision of the Certified Athletic Trainer. These guidelines are put in place to help manage concussions and return to play; however, each athlete is different and may require different or additional care.

Concussion Signs and Symptoms to be Aware of

Your son has sustained a head injury. In some cases, the signs of a concussion do not become obvious until several hours or even days after the initial injury occurs. Please take notice of these signs and symptoms if they occur.

Signs:

1. Headache (especially one that **gets worse over time***)
2. Nausea and vomiting
3. Dizziness
4. Ringing in the ears
5. Mental confusion/ behavioral changes
6. Difference in pupil size or **dilated pupils- one of both***
7. Memory loss
8. Changes in balance or gait (the way they walk)
9. **Blurry or double vision***
10. **Slurred speech***
11. **Decreased or irregular pulse or breathing***
12. **Seizure activity***
13. **Difficulty awakening or loss of consciousness***
14. Disruptive Sleep

***These can be signs of a serious concussion or possible worse head injury and your son needs to be seen immediately at the closest emergency room.**

The best guideline is to note symptoms that worsen over time and any changes in behavior in your son. If you have questions or concerns about the symptoms you observe, contact your family physician for instructions, or seek medical attention at the closest emergency department.

To Do:

- Use Tylenol for pain
- Use ice pack on head and neck
- Eat a light diet
- lift
- Go to sleep

There is NO need to:

- Check eyes with a flashlight
- Wake up every hour
- Test reflexes
- Stay in bed

Do NOT:

- Drink alcohol
- Drive while symptomatic
- Exercise or weights

-Rest (no sports or
NSAIDs physical activity)
such as aspirin,

**-Make a doctor's
Appointment**

-Take

ibuprofen or
naproxen

For more information on concussions please contact your primary care physician or
visit <http://www.cdc.gov/traumaticbraininjury/>

**Please remind your son to check in with the school nurse when he returns to
school prior to going to class in the morning, as well as to follow up with the
Athletic Trainer after school.**