Archbishop Wood Concussion Policy Packet

Section 1

Concussion Information Fact Sheet & Acknowledgement

AWCMT@archwood.org
(215) 672-5050 x 262

The mission of the Archbishop Wood Concussion Management Team (AWCMT) is to ensure each student who is diagnosed with a concussion receives the best possible care that a Christian, academic-based, learning institution can provide. The AWCMT's goal is to provide the resources necessary to help each student meet his/her academic requirements, based on the school's philosophy and mission statement, and support each student as the student returns to his or her full pre-concussion potential. The AWCMT is taking a proactive approach to managing concussions in the school setting so that each student can resume his or her pre-concussion activities and lifestyle as soon as possible. Any questions or concerns about any of the information herein can be directed to the AWCMT by emailing AWCMT@archwood.org or by calling (215) 672-5050 x 262.

The AWCMT consists of:

- Administration (Don Mangin & Dr. Kathy Nobles)
- Guidance Department (Alessandra Shaaban & Kristy Gallagher)
- Nurse (Sarah Colon)
- Learning Specialist (Francheska Torres)
- Athletic Department (Susan O'Neill)
- Athletic Trainer (Chadd Spence)

The AWCMT works in conjunction with the teachers to assist each student in appropriately resuming his or her academic routine and workload. For questions regarding academic policies for students who have missed school because of a concussion, please contact the Assistant Principal for Academic Affairs.

All AWCMT policies are based on Pennsylvania law and on recommendations, rules and regulations of the Centers for Disease Control (CDC), the Pennsylvania Interscholastic Athletic Association (PIAA), the National Athletic Trainers Association (NATA), and the National Federation of State High School Associations (NFHS).

All coaches at Archbishop Wood High School are required, on a yearly basis, to complete the concussion management certification training course offered by the CDC, the NFHS or another provider approved by the Department of Health prior to the start of the sport's season.

All Freshman, Junior and transfer students athletes at Archbishop Wood High School will be ImPACT tested to ensure that every student athlete has a baseline to reference should he or she sustain a concussion while a student at Archbishop Wood High School.

Concussions

A concussion is a type of traumatic brain injury that disrupts normal functioning of the brain. A concussion can be caused by a bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior.

Safety In Youth Sports Act

The Safety in Youth Sports Act mandates measures to be taken in order to ensure the safety of students involved in interscholastic sports in Pennsylvania. It is imperative that athletes, coaches, and parents/guardians are educated about the nature and treatment of sports related concussions and other head injuries. When a student is diagnosed with, or has symptoms of, a concussion, the student should be removed from play and seen immediately by an "appropriate medical professional" which is defined in the Act as follows: (1) a licensed physician who is trained in the evaluation and management of concussions or a licensed or certified health care professional trained in the evaluation and management of concussions and designated by such a licensed physician; or (2) a licensed psychologist neuropsychologically trained in the evaluation and management of concussions or who has postdoctoral training in neuropsychology and specific training in the evaluation and management of concussions (hereinafter referred to as "appropriate medical professional").

Quick facts

- Most concussions do not involve loss of consciousness.
- Students who have had a concussion at any point in their lives will have an increased risk of another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.
- You can sustain a concussion even if you do not hit your head.
- A blow elsewhere on the body can transmit an "impulsive" force to the brain and cause a concussion.
- Signs and symptoms of a concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

Danger signs

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if, after a bump, blow, or jolt to the head or body, he or she exhibits any of the following danger signs:

- One pupil is larger than the other.
- Is drowsy or cannot be awakened.
- A headache that not only does not diminish, but gets worse.
- Weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea.
- Slurred speech.
- Convulsions or seizures.
- Cannot recognize people or places.
- Becomes increasingly confused, restless, or agitated.
- Has unusual behavior.
- Loses consciousness (even a brief loss of consciousness should be taken seriously).

Examples of signs of concussions observed by coaches, athletic trainers, parents/guardians

- Appears dazed or stunned.
- Is confused about assignment or position.
- Forgets plays or demonstrates short term memory difficulties.
- Unsure of game, score, or opponent.
- Exhibits difficulties with balance, coordination, concentration, and attention.
- Answers questions slowly or inaccurately.
- Demonstrates mood, behavior or personality changes.
- Unable to recall events prior to or after the hit or fall.

Examples of symptoms of concussions reported by students

- Headache or “pressure” in head.
- Nausea/vomiting.
- Balance problems or dizziness.
- Double vision or changes in vision.
- Sensitivity to light and/or sound.
- Feeling sluggish, hazy, or foggy.
- Difficulty with concentration and/or short term memory.
- Confusion.
- Just not “feeling right” or “feeling down.”

Why should a student report his/her symptoms?

- If a student has a concussion, his/her brain needs time to heal. While a student’s brain is still healing, he or she is much more likely to have another concussion.
- Repeat concussions can increase the time it takes to recover.
- In rare cases, repeat concussions in young students can result in brain swelling or permanent damage to their brain. They can even be fatal.

What should a student do if he/she thinks they have a concussion?

- **Don't hide it**. Tell your Athletic Trainer, Coach, School Nurse, and/or Parent/Guardian.
- **Report it**. Don't return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return-to-play.
- **Take time to recover**. If you have a concussion your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion. Repeat concussions can cause permanent brain injury.

What can happen if a student continues to play with a concussion or returns to play too soon?

- Continuing to play with the signs and symptoms of a concussion leaves the student vulnerable to second impact syndrome.
- Second impact syndrome is when a student sustains a second concussion while still having symptoms from a previous concussion or head injury.
- Second impact syndrome can lead to severe impairment and even death in extreme cases.

What should you as a parent/guardian do if you think your student has a concussion?

- If you suspect that a student has a concussion, notify the school and seek medical attention.
- Do not try to judge the severity of the injury yourself.
- Keep your student out of play until an appropriate medical professional determines that he or she is symptom-free and is OK to return to play.
- Rest is the key to helping a student recover from a concussion.
- Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse.
- Remember that, after a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

Should there be any temporary academic accommodations made for students who have suffered a concussion?

- To recover, cognitive rest is just as important as physical rest. Reading, texting, testing-even watching movies can slow down a student's recovery.
- Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
- Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

RETURN TO PLAY PROTOCOL:

No athlete should return to play until cleared by a licensed physician of medicine (MD) or osteopathic medicine (DO) trained in the evaluation and management of concussions.

Once cleared, a student who has sustained a concussion should complete the following graduated return-to-play protocol before he/she may resume competition or practice:

Step 1: No physical activity.

Step 2: Light aerobic activity: <70% of age-predicted maximal heart rate.

Step 3: Sports specific activities without the threat of contact from others.

Step 4: Non-contact training involving others and resistance training.

Step 5: Full contact unrestricted training/practice.

Step 6: Return to play.

NOTE: The typical time frame consists of 24 hours between steps. However, if a student is unable to, or fails to, perform any step of the Return to Play Protocol, he/she must return to the previous step 24 hours later. This Return to Play Protocol will be performed under the supervision of the school's Athletic Trainer if the student is playing a school sanctioned PIAA sport at Archbishop Wood.

Archbishop Wood Procedures and Timeline for Student Recovery from a Concussion:

1. When a student is diagnosed with, or has symptoms of, a concussion, the student should be seen immediately by an appropriate medical professional (defined above).
    a. The student's parent or guardian should bring this Archbishop Wood Concussion Policy Packet ("the Packet") to the initial appointment with the appropriate medical professional.
    b. The forms in Sections 1, 2 & 3 of this Packet should be filled out by the student's parent or guardian.
    c. The form in Section 4 of this Packet should be completed by the appropriate medical professional.
    d. If the student will be absent from school, the student's parent or guardian should contact the Student Services Office at (215) 672-5050 ext. 255 to report the absence(s).
2. The student's parent or guardian should contact the School Nurse [(215) 672-5050 ext. 262] and the Archbishop Wood Concussion Management Team at AWCMT@archwood.org to:
    a. Notify them that the student has been diagnosed with, or has symptoms of, a concussion; and,
    b. Forward to them all 4 of the completed forms in the Packet.
    c. Inform them of the date of the student's follow up appointment.
3. Upon receipt of the completed forms from the Packet, the school nurse and AWCMT will make all necessary arrangements for both physical and learning accommodations. A plan will be put into place to help the student return to his or her pre-concussive state as soon as possible.
4. At the follow up exam, the parent/guardian should have the appropriate medical professional again complete the Section 4 form (the Concussion Re-Admittance Form) indicating either that "The Student is Cleared" or "The Student is Not Cleared" (and needs further follow up). The student should bring that Section 4 Form to the school nurse's office, and share that information with the AWCMT.
5. If the doctor indicates on the Section 4 form that "The Student is Not Cleared," the school nurse and AWCMT will make all necessary arrangements for both physical and learning accommodations. The student will then need another follow up appointment.
6. If the doctor indicates on the Section 4 form that "The Student is Cleared" for full academic responsibilities and physical activity, the student can begin the Return to Play Protocol set forth above.
7. Any student who is diagnosed with, or has symptoms of, a concussion may not attend any team overnight trip until the student (1) has turned in the Section 4 form signed by an appropriate medical professional indicating that "The Student is Cleared"; and, (2) has completed every step of the Return to Play Protocol.

Remember:
Concussions affect people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer. It is better to miss one game than the whole season.

AWCMT FORMS

The forms that follow will be used by the AWCMT to provide the best possible care to each student who is diagnosed with, or has symptoms of, a concussion.

Section 1 Form

Concussion Information Fact Sheet Acknowledgement and Signature Form

** To be completed by parent/guardian & student and returned to AWCMT **

Student Name: _____ Student #_____

Parent/Guardians:
Father's Name: _____
Work #_____; Cell#_____; Home #_____
Email Address: _____

Mother's Name: _____
Work #_____; Cell #_____; Home #_____
Email Address: _____

By signing below, each student and his/her parents/guardians acknowledge that:

(1) each has read and understands the contents of the Archbishop Wood Concussion Information Policy Packet;

(2) each agrees to abide by the policies set forth therein and by the policies of the AWCMT;

(3) each will be responsible for informing the school nurse and the AWCMT if the student is diagnosed with, or has symptoms of, a concussion.

Father/Guardian Signature:_____ Date: _____
Mother/Guardian Signature: _____ Date: _____
Student signature: _____ Date: _____

Section 2

Parent/Guardian Contact Information Form

**** To be completed by parent/guardian and returned to AWCMT ****

STUDENT NAME: _____ BIRTH DATE:_____
ADDRESS:_____

GRADE: ____ STUDENT #:_____ SPORT: _____

MOTHER'S NAME:_____CELL PHONE:_____
EMAIL ADDRESS: _____ WORK PHONE:_____

FATHER'S NAME:_____ CELL PHONE:_____
EMAIL ADDRESS:_____ WORK PHONE:_____

DOCTOR'S NAME: _____ PHONE:_____

DENTIST'S NAME:_____PHONE:_____

HEALTH CARE PROVIDER AND #: _____

PREFERRED HOSPITAL: _____

DATE CONCUSSION SUFFERED: _____

SPORT THE STUDENT WAS PLAYING WHEN THE CONCUSSION OCCURRED:
_____

BRIEF DESCRIPTION OF SYMPTOMS NOTED WHEN THE CONCUSSION SYMPTOMS OCCURRED:
_____
_____
_____

WAS THE STUDENT REMOVED FROM THE PRACTICE/GAME? _____

DID THE STUDENT RETURN TO THE PRACTICE/GAME? _____

WAS THE ATHLETIC TRAINER NOTIFIED AT THE TIME OF THE INCIDENT? IDENTIFY SPECIFIC DATE AND TIME AND BY WHOM.

_____

IS THIS THE STUDENT'S FIRST CONCUSSION? _____

IF NOT, PLEASE LIST ALL PREVIOUS CONCUSSIONS:

_____

Medical concerns or medication(s) being taken:

_____

_____

Signature(s):

_____

Father / Parent or guardian Date

_____

Mother / Parent or guardian Date

Section 3

Consent To Obtain/Release Medical Information

** To be completed by parent/guardian and returned to AWCMT **

STUDENT NAME: _____

DATE OF BIRTH: _____

Sound communication between and among all health care providers is key to providing the best treatment to a concussed student. This release is provided to encourage communication between the treating appropriate medical professional and the Archbishop Wood Concussion Management Team.

******** RELEASE ********

As parent or legal guardian of _____, I grant permission for the office of INSERT DOCTOR NAME _____ to release information pertinent to the health care of my student to the members of the Archbishop Wood Concussion Management Team.

I understand that the release of information may be in person, in the form of written or verbal communication, over the telephone, in electronic form, via letters or documents, and/or via reproductions of originals of written material, including but not limited to X-Rays and MRIs.

_____ _____

Parent/Guardian Signature Date

This consent is valid for one (1) year unless withdrawn in writing.
Any and all information shared will be considered confidential in nature, and every effort will be made to maintain confidentiality.

Physician's Name: _____

Address: _____

_____

Phone: _____

Section 4

Concussion Re-Admittance Form

** To be Completed By Appropriate Medical Professional **

(Choose Either Option 1 or Option 2 Below)

Option 1

This Student is NOT Cleared

Restrictions/Recommendations:

Student Name: _____

Attendance
____ Please excuse from school until at least _____
____ No school until symptom free or significant decrease in symptoms for 24-48 hours
____ Shortened school day when the student returns to school until at least _____
____ Full school days as tolerated

Breaks
____ Allow to go to the nurse's office if symptoms worsen
____ Allow to go home if symptoms don't subside after resting for 1 hour

Workload Reduction
____ No homework
____ Student is allowed to attempt work at home, but do not provide deadlines for assignments

Testing
____ No testing (classroom or standardized)
____ Allow extra time to complete tests, quizzes, and assignments
____ No more than 1 test per day
____ Testing in a quiet place
____ Oral testing
____ Open book/notes testing

Note Taking
____ Needs a copy of class notes either from the teacher or another student

____ Allow to participate in class only by listening with no active note taking

Visual/Audible Stimuli

____ No Smart Boards, projectors, computers, phones, TV screens or other bright screens
____ Enlarged font when possible
____ Avoid loud and crowded places (hallways, auditorium, cafeteria) as needed. Student may need to leave class early to move from class to class in an empty hallway.

Physical Activity

____ No Physical Education or participation in sports

Meeting Requested

____ Request meeting of Archbishop Wood Concussion Management Team to discuss plan

Additional Recommendations:

_____
_____
_____

Date of Follow Up Appointment: _____

THIS STUDENT IS NOT CLEARED. I will provide an update of the student's status after my next evaluation on _____. I hereby certify that I am trained in the evaluation and management of concussions.

Physician's Signature: _____ Date: _____

Printed Name of Physician: _____

Office Address: _____
_____

- Telephone Number: (_____)_____

– OR –

Option 2

This Student is Cleared

No Restrictions– Full Return to Academic Responsibilities and Physical Activity After Completion of the Return to Play Protocol:

Student Name: _____

This Student is cleared to return to full academic responsibilities and full physical activity, physical education, practice, training and competition with no restrictions. The Student may begin the return to play protocol under the supervision of the athletic trainer. I hereby certify that I am trained in the evaluation and management of concussions.

Physician's Signature: _____ Date: _____

Printed Name of Physician: _____

Office Address: _____
_____

Telephone Number: (_____)_____