

Management of Sports-Related Concussions

Warrensburg-Latham Unit School District #11

Medical management of sports-related concussion continues to evolve. Recently, there has been a significant amount of new research regarding sports-related concussions in high school student-athletes. Warrensburg-Latham CUSD #11 has established this protocol to provide education about concussion for coaches, school personnel, parents, and student-athletes. This protocol outlines procedures for staff to follow in managing concussions, and outlines school policy as it pertains to return to play issues following a concussion.

Warrensburg-Latham CUSD #11 seeks to provide a safe return to activity for all student-athletes following any injury, but particularly after a concussion. In order to effectively and consistently manage these injuries, procedures have been developed to aid in ensuring that concussed student-athletes are identified, treated and referred appropriately, receive appropriate follow-up medical care during the school day (including academic accommodations) and are fully recovered prior to returning to activity.

In addition to recent research, three primary documents were consulted in developing this protocol. The “*Summary and Agreement Statement of the 4th International Conference on Concussion in Sport, Zurich 2012*” (referred to in this document as the Zurich Statement), the “*National Athletic Trainers’ Association Position Statement: Management of Sport-Related Concussion*” (referred to in this document as the NATA Statement) and the “*IHSA Protocol for Implementation of NFHS Sports Playing Rule for Concussions*” (referred to in this document as IHSA Concussion Protocol).

This protocol shall be reviewed annually by the athletic department and Concussion Oversight Team (COT) of Warrensburg-Latham CUSD #11. Any changes or modifications will be reviewed and given to athletic department staff, including coaches and other appropriate school personnel in writing.

All athletic department staff shall attend an in-service meeting, every two years, in which procedures for managing sports-related concussion and emergency action plans specific to Warrensburg-Latham are discussed.

Recognition of Concussion

Common signs and symptoms of sports-related concussion (not all-inclusive)

Signs (observed by others)

- Student-athlete appears dazed or stunned
- Confusion
- Forgets plays
- Unsure about game, score, opponent
- Balance Problems/Moves clumsily (altered coordination)
- Personality changes
- Responds slowly to questions
- Forgets events before or after injury
- Loss of consciousness (any duration)

Symptoms (reported by student-athlete)

- Headache
- Fatigue
- Nausea or vomiting
- Double or blurry vision
- Sensitivity to lights and/or noises
- Feels sluggish
- Feels mentally foggy
- Problems concentrating
- Problems remembering

These signs and symptoms following a witnessed or suspected blow to the head **or body** are indicative of probable concussion. Any student-athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest or practice and shall not return to play until cleared by an appropriate healthcare professional.

Management and Referral Guidelines for All Staff

1. All Warrensburg-Latham CUSD #11 staff shall notify immediate supervisor/school personnel and parents of any student(s) suspected of a medical injury or suspected concussion based on training and medical information.

2. The following situations indicate a medical emergency and require activation of the Emergency Medical System:

- Any student-athlete with witnessed loss of consciousness (LOC) of any duration should be spine boarded (if available) and transported immediately to the nearest emergency department via emergency vehicle.
- Any student-athlete who has symptoms of a concussion, and who is not stable (worsening of signs and symptoms), is to be transported immediately to the nearest emergency department via emergency vehicle.
- Any student-athlete who exhibits any of the following symptoms should be transported immediately to the nearest emergency department, via emergency vehicle;
 - Deterioration of neurological function
 - Decreasing level of consciousness
 - Decrease or irregularity in respirations
 - Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
 - Mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation
 - Seizure activity

3. A student-athlete who is symptomatic but stable, may be transported by his or her parents or responsible adult once after care info has been communicated. The parents should be advised to contact the student-athlete's primary care provider, or seek care at the nearest emergency department, on the day of injury.

Guidelines and Procedures for Coaches:

“Recognize – Remove – Refer”

Recognize

1. All coaches should become familiar with the signs and symptoms of concussion that are described above.
2. Annual training will occur for coaches of every sport
3. All coaches will read/view IHSA Concussion Protocol
4. All coaches will read Warrensburg-Latham Concussion Protocol
5. All coaches will initial and sign the Warrensburg-Latham Coaches Concussion Statement

Remove

1. Any student-athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as LOC, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest/practice and shall not return to play until cleared by an appropriate health care professional.
2. The coach shall notify the athletic trainer and the athletic director as soon as possible.

“When in doubt, sit ‘em out.”

Refer

1. The coach is responsible for notifying the student-athlete’s parents of the injury.
 - a. Contact the parents to inform them of the injury. Depending on the injury, either an emergency vehicle will transport or parents will pick the student-athlete up at the event for transport.
 - b. **NEVER LEAVE THE STUDENT-ATHLETE UNATTENDED**
 - c. A medical evaluation is required to begin the process of “Return to Play”
2. In the event that a student-athlete’s parents cannot be reached, and the athlete is able to be sent home (rather than directly to MD):
 - a. The coach should ensure that the athlete will be with a responsible individual, who is capable of monitoring the athlete and understanding the home care instructions, before allowing the athlete to go home.
 - b. The coach should continue efforts to reach parent.
 - c. If there is any question about the status of the student-athlete, or the student-athlete is not able to be monitored appropriately, the student-athlete should be referred to an emergency department for evaluation. A coach should accompany the athlete and remain with the athlete until a parent arrives.

Athletes with suspected head injuries should not be permitted to drive home.
3. Coaches should seek assistance from the host site certified athletic trainer (ATC) or team physician, if available at an away contest.

Guidelines and Procedures for Parents:

1. All parents of student-athletes shall read/sign IHSA Concussion Sheet.
2. All parents of student-athletes shall read Warrensburg-Latham HS Concussion Protocol.
3. All parents of student-athletes shall initial and sign IHSA Parent Concussion Statement.

Guidelines and Procedures for Student-Athletes:

1. All student-athletes shall read/sign IHSA Concussion Sheet

2. All student-athletes shall initial and sign IHSA Student-Athlete Concussion Statement.

Responsibilities of the School Nurse/Athletic Director/Athletic Trainer

1. The school nurse (SN), athletic director (AD), or athletic trainer (AT) shall be notified by the student-athlete or parent of a diagnosed concussion.
2. The student-athlete will be instructed to report to the SN, AD or AT upon his or her return to school. At that point the SN, AD or AT will:
 - a. Re-evaluate the student-athlete utilizing a graded symptom checklist, neuropsych test (ImPACT), or other measurable tool.
 - b. Provide an individualized health care plan based on both the student-athlete's current condition and initial injury information.
3. Notify the student-athlete's guidance counselor and teachers of the injury.
4. Notify the student-athletes PE teacher that he/she is restricted from all physical activity until cleared by proper medical staff.
5. Monitor the student-athlete on a regular basis during the school day.

Return to Play (RTP) Procedures After Concussion

1. Return to activity and play is a medical decision. The student-athlete must meet all of the following criteria in order to progress to activity:
 - a. Symptoms stable at rest and with exertion (including mental exertion in school) AND have written clearance from their primary care provider or concussion specialist (*student-athlete must be cleared for progression to activity by a physician other than an emergency room physician, if diagnosed with a concussion*).
2. Once the above criteria are met, the student-athlete will be progressed back to full activity following the step-wise process detailed below. (This progression must be closely overseen by a Certified Athletic Trainer, but can be administered by coaches, teachers (PE) or school nurse).
3. Progression is individualized, and will be determined on a case by case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may progress more slowly.
4. Stepwise progression as described below:
 - a. **Step 1.** Cognitive rest. This may include staying home from school or limiting school hours (and studying) for several days. Activities requiring concentration and attention may worsen symptoms and delay recovery.
 - b. **Step 2.** Return to school full-time. (Return To Learn)
 - c. **Step 3.** Light exercise. This step cannot begin until the athlete is no longer having worsening concussion symptoms, completed Return to Learn and is cleared by a physician for further activity. At this point the athlete may begin walking or riding an exercise bike. No weight-lifting.
 - d. **Step 4.** Running in the gym or on the field. No helmet or other equipment.
 - e. **Step 5.** Non-contact training drills in full equipment. Weight-training can begin.
 - f. **Step 6.** Full contact practice or training.
 - g. **Step 7.** Play in a game. Must be cleared by physician before returning to play.

- The student-athlete should spend 1 to 2 days at each step before advancing to the next. If post-concussion symptoms worsen or develop at any step, the student-athlete must stop the activity and the treating physician must be contacted. Depending upon the specific type and severity of the symptoms, the student-athlete may be told to rest for 24 hours and then resume activity at a level one step below where he or she was at when the symptoms occurred.

Clearance

The student-athlete must complete all Return to Learn and Return to Play steps, have IHSA Post-Concussion Consent Form signed and on file with Concussion Oversight Team along with clearance note from physician or athletic trainer.

Developed by:

Warrensburg-Latham CUSD #11 Concussion Oversight Team

Warrensburg, Illinois