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Concussion Management Plan

What is a concussion?

According to the *Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport - Amsterdam, October 2022*:

Sport-related concussion is a traumatic brain injury caused by a direct blow to the head, neck or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise-related activities. This initiates a neurotransmitter and metabolic cascade, with possible axonal injury, blood flow change and inflammation affecting the brain. Symptoms and signs may present immediately, or evolve over minutes or hours, and commonly resolve within days, but may be prolonged.

What are the signs and symptoms of a concussion?

Taken from the Sport Concussion Assessment Tool – 6th Edition (SCAT6)

"pressure in head"	difficulty concentrating
neck pain	difficulty remembering
nausea or vomiting	fatigue or low energy
dizziness	confusion
blurred vision	drowsiness
balance problems	trouble falling asleep
sensitivity to light	more emotional
sensitivity to noise	irritability
feeling slowed down	sadness
feeling like "in a fog"	nervous or anxious

How will concussions be managed in RPCS athletics?

- Any athlete who experiences any signs and symptoms after any hit to the head will be removed from activity by the coach or athletic trainer, if present. The coach will contact the athletic trainer if he or she is not immediately available.
- For away events, the coach will contact the athletic trainer as soon as possible about suspected head injury. The home athletic trainer should be contacted for evaluation if he or she is available.
- Coaches will use the Concussion Recognition Tool 6 (CRT6) to evaluate for a concussion if an athletic trainer is not present.
- The athlete **<u>will not</u>** be permitted to return to activity the same day if a concussion is suspected.
- **Emergency Management:**
  The athletic trainer will activate the emergency action plan for urgent transportation to the nearest hospital if any of the following conditions are present:
  - Glasgow Coma score less than 15
  - deteriorating mental status
  - potential spinal injury
  - progressive, worsening symptom or new neurologic signs
- The athletic trainer will assess the athlete for a concussion, primarily utilizing SCAT6.
- An athlete who presents with symptoms 24 hours after injury will be referred to a physician.

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- The athlete's parents/guardians will be contacted by the athletic trainer if referral to a physician is needed.
- The physician will be required to fill out the ACE Care Plan. This document will be shared with all necessary individuals regarding the athlete's return to school and sport following a concussion.

How will an athlete return to activity following a concussion?

- The athletic trainer will communicate with the athlete's physician and the school nurse about the athlete's concussion plan.
- Relative rest, which includes activities of daily living and reduced screen time, will be recommended immediately and for up to 2 days following injury.
- RPCS will follow the RPCS Return to Play Progression, based on the *Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport - Amsterdam, October 2022.* The progression includes the following:
    - Reduced screen time for the first 48 hours following injury.
    - The athlete can return to light intensity physician activity that does not more than mildly exacerbate symptoms, during the initial 24-48 hours following injury.
    - An athlete may advance through the protocol provided there is no more than mild (increase of no more than 2 points vs the pre-exercise value) and brief (<1 hour) exacerbation of their concussion-related symptoms.
- The athletic trainer will monitor the athlete throughout the return to play protocol and administer a symptom checklist each day, before and after activity.
- The athletic trainer will make the decision to progress the athlete through the protocol or as directed by the athlete's physician, and refer the athlete back to her physician if she experiences persistent symptom return.
- Persisting symptoms > 4 weeks will warrant physician follow up and specialist referral.

RPCS Return to Play Progression:

- **Step 1:** Light aerobic exercise, such as walking or stationary cycling, no resistance training. ***Allowed when athlete is still symptomatic.***
- *Progression to Step 2 can start once a student athlete has been symptom-free for a full 24-hour period. *
- **Step 2:** Moderate exercise with progressive resistance training
- **Step 3:** Non-contact practice or training, sports-specific drills
- **Step 4:** Full contact practice or training
- **Step 5:** Return to game participation
- No more than 1 step can be performed on the same day, which allows monitoring of both acute (during the activity) and delayed (within 24 hours after the activity) symptoms. If the athlete's symptoms return at any point during the progression, at least 24 hours without symptoms must pass before the protocol is reintroduced, beginning at the previous step.

Students/guardians are required to sign on their acknowledgement on the RPCS concussion policy in order to be eligible for sport participation in the Magnus Health portal.

Resources:

- Echemendia, Ruben J, et al. "Sport Concussion Assessment ToolTM – 6 (SCAT6)." British Journal of Sports Medicine, vol. 57, no. 11, 1 June 2023, pp. 622–631, https://doi.org/10.1136/bjsports-2023-107036.
- Patricios, Jon S, et al. "Consensus Statement on Concussion in Sport: The 6th International Conference on Concussion in Sport–Amsterdam, October 2022." British Journal of Sports Medicine, vol. 57, no. 11, June 2023, pp. 695–711, bjsm.bmj.com/content/bjsports/57/11/695.full.pdf, https://doi.org/10.1136/bjsports-2023-106898.

- “The Concussion Recognition Tool 6 (CRT6).” British Journal of Sports Medicine, vol. 57, no. 11, June 2023, pp. 692–694, completeconcussions.com/wp-content/uploads/2023/06/Concussion-Recognition-Tool-CRT-6.pdf, https://doi.org/10.1136/bjsports-2023-107021. Accessed 17 July 2023.