Victory Charter School
Concussion Management Plan

Updated: July 2026

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ATTENTION

This concussion management plan is provided for the free and personal use of the public to help school districts or various youth sport organizations comply with Idaho Code Section 33-1625. However, this document does not provide legal advice and is not a substitute for legal advice. Individuals or organizations with compliance concerns are encouraged to consult legal counsel.

Section 1: Mandatory Parent/Athlete Meeting

(a) Prior to the start of each athletic season, a meeting shall be organized by the athletic director or other appropriate designated official to discuss the topic of concussion in youth sports.

(b) Each athlete planning on participating in the sport shall attend the meeting with the parent or legal guardian of the athlete.
   (i) Parents, athletes, and coaches should review the following material and have the opportunity to ask questions:
      a. The definition of concussion
      b. Signs and symptoms of the injury
      c. Tips for prevention of the injury
      d. Risks associated with continued play with a concussion
      e. What to do if you suspect someone has sustained a concussion for emergency and non-emergency situations
      f. The Centers for Disease Control and Prevention (CDC) 4 step action plan:
         1. Remove suspected injured athletes from play.
         2. Ensure the athlete is evaluated right away by an appropriate health care professional.
         3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
         4. Allow the athlete to return to sport only with permission from a health care professional with experience in evaluating concussion.
      g. Any additional concussion resources provided to parents, athletes and coaches

(c) <u>Required Parent/Guardian Written Consent Form</u>
   (i) Prior to beginning practice the athlete and the athlete's parent or guardian must receive and sign a "Parent/Guardian Written Consent Form" regarding concussion in youth sports. This form is an acknowledgement by the parent and athlete that they have received the education detailed under subsection (3) of section 33-1625, Idaho Code, that they understand the material and have had an opportunity to ask questions.
      a. Parent/Guardian Written Consent forms should be kept on file for no less than seven (7) years by the Athletic Director.

Section 2: Biennial Concussion Training

Athletic Trainers, Coaches, and Staff

(a) Coaches, Staff & Athletic Trainers:

(i) All coaches and staff must receive online concussion training upon hire and biennially thereafter.

a. Completion of the IHSAA/St. Luke's Concussion Course for Coaches/Officials online education mandated by the Idaho High School Activities Association shall satisfy this requirement.

b. The course can be found at the following link: https://idhsaa.org/concussion-certification/

(ii) Evidence of training must be kept on file by the Athletic Director.

Section 3: Removal from Play Strategy

Coaches & Non-Medical Staff

STEP 1: REMOVE FROM PLAY

If at any time it is suspected an athlete has sustained a concussion during practice or game play, the youth athlete shall be immediately removed from play and not be allowed to return to sport the same day. Once removed an athlete shall not be allowed to return to sport until authorized to return by a qualified health care professional.

Please Note: Most athletes who experience concussion will exhibit any one or more of a variety of symptoms. A loss of consciousness is **NOT** always present. Headache is the most common symptom, but not all athletes experience concussion in the same way. Symptoms of a concussion may not be evident until several minutes or hours later. The severity of the symptoms will also vary along with their duration. The following are a list of possible common signs and symptoms:

 **Observable Signs**	 **Reported Symptoms**
Can't recall events prior to or after a hit or fall	Headache or "pressure" in the head
Appears dazed or stunned	Nausea or vomiting
Moves clumsily	Balance problems or dizziness
Answers questions slowly	Double or blurry vision
Loses consciousness (even briefly)	Bothered by light or noise
Shows mood, behavior, or personality changes	Feeling sluggish, hazy, foggy, or groggy
Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent	Confusion, or concentration or memory problems
	Just not "feeling right" or "feeling down"

STEP 2: MONITOR

Continue monitoring the athlete for other signs and symptoms, as well as for symptom severity. If the athlete is experiencing any of the below signs, the parents or guardians of the athlete may want to transport the athlete to the nearest emergency room. In the absence of a parent or guardian, or when in doubt about what action to take, **call 911 immediately.**

1. Headache that gets worse or does not go away
2. Weakness, numbness, or decreased coordination
3. Slurred speech
4. Looks very drowsy or cannot be awakened
5. Cannot recognize people or places
6. Is getting more and more confused, restless, or agitated

STEP 3: IS THERE AN EMERGENCY?

If the condition of the athlete continues to deteriorate or if an athlete exhibits **ANY** of the below signs, **call 911 immediately and launch your organization's emergency action plan:**

1. Repeated vomiting or nausea
2. Has one pupil (the black part in the middle of the eye) larger than the other
3. Experiences convulsions or seizures
4. Prolonged loss of consciousness *(a brief loss of consciousness should be taken seriously and the person should be carefully monitored)*

STEP 4: ENSURE ATHLETE RECIEVES A MEDICAL EVALUATION

If not an emergency, ensure the injured athlete is evaluated by a proper medical professional. **DO NOT** try to judge the seriousness of the injury yourself. Coaches should seek assistance from the site athletic trainer or other appropriate medical personnel if available at a competition, and should always seek the assistance from an appropriate medical provider when an injury occurs at practice. **If a medical provider is not available on site, ensure that the parents or guardians of the athlete follow-up with an appropriate medical provider.**

STEP 5: COMMUNICATE

Contact the athlete's parents or guardians as soon as possible to inform them of the potential injury and provide them a factsheet on concussion available online by the Centers for Disease Control and Prevention. Communicate the injury to your organization's director or other appropriate personnel in a timely fashion.

Section 4: Removal from Play Strategy

Athletic Trainers or Other Appropriate Medical Providers

ATTENTION

Only individuals deemed a "qualified health care professional" under subsection (6) of section 33-1625, Idaho Code, may provide medical clearance for an athlete to return to play following a possible concussion. A qualified healthcare professional must meet two (2) criteria. The medical professional must be trained in the evaluation and management of concussions, AND must be one of the following:

(a) A physician or physician assistant licensed under chapter 18, title 54, Idaho Code;
(b) An advanced practice nurse licensed under section 54-1409, Idaho Code (a school nurse may not necessarily be an advanced practice nurse); or
(c) A licensed healthcare professional trained in the evaluation and management of concussions who is supervised by a directing physician who is licensed under chapter 18, title 54, Idaho Code (such as an Idaho Certified Athletic Trainer)

The following strategy (Section 5) is only intended for use by individuals deemed a qualified healthcare professional. If an individual is not a qualified healthcare professional, please use the removal from play strategy in section (4).

STEP 1: REMOVE FROM PLAY

If at any time it is **suspected** an athlete has sustained a concussion, the youth athlete shall be **immediately removed from play.** No same day return to sport.

STEP 2: MONITOR

Continue monitoring the athlete for other signs and symptoms, as well as for symptom severity. If the athlete is experiencing any of the below signs, the parents or guardians of the athlete may want to transport the athlete to the nearest emergency room. In the absence of a parent or guardian, or when in doubt about what action to take, **call 911 immediately.**

1. Headache that gets worse or does not go away
2. Weakness, numbness, or decreased coordination
3. Slurred speech
4. Looks very drowsy or cannot be awakened
5. Cannot recognize people or places
6. Is getting more and more confused, restless, or agitated

STEP 3: IS THERE AN EMERGENCY?

If the condition of the athlete continues to deteriorate, or if an athlete exhibits **ANY** of the below signs, **call 911 immediately and launch your organization's emergency action plan:**

1. Repeated vomiting or nausea.
2. Has one pupil (the black part in the middle of the eye) larger than the other.
3. Experiences convulsions or seizures.
4. Prolonged loss of consciousness (a brief loss of consciousness should be taken seriously and the person should be carefully monitored).

STEP 4: SIDELINE EVALUATION

If it is determined the situation is not an emergency, the medical provider may choose to use simple sideline cognitive tests to determine whether or not the athlete has any cognitive deficits.

(a) A medical provider may choose to forego sideline cognitive testing if, in their best judgment, they feel the athlete is concussed. In this instance proceed to step 5.

(b) Sideline tests include the latest version of the Sports Concussion Assessment Tool (SCAT), the Standardized Assessment of Concussion (SAC) or other standardized tools for sideline cognitive testing used with appropriate training.

(i) If the athlete has no cognitive or other identifiable deficits, it is reasonable for the individual to conclude a concussion did not occur and that it is safe for the athlete to return to sport after 24 hours. In this instance the individual may forego the remainder of this strategy, as well as section (6) and section (7) of this management plan.

(ii) If the athlete is experiencing cognitive or other identifiable deficits, proceed to step 5.

Observable Signs	Reported Symptoms
Can't recall events prior to or after a hit or fall	Headache or "pressure" in the head
Appears dazed or stunned	Nausea or vomiting
Moves clumsily	Balance problems or dizziness
Answers questions slowly	Double or blurry vision
Loses consciousness (even briefly)	Bothered by light or noise
Shows mood, behavior, or personality changes	Feeling sluggish, hazy, foggy, or groggy
Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent	Confusion, or concentration or memory problems
	Just not "feeling right" or "feeling down"

STEP 5: COMMUNICATE WITH PARENT/GUARDIAN

Contact the athlete's parents or guardians as soon as possible to inform them of the injury and give them the fact sheet on concussion provided online by the Centers for Disease Control and Prevention. Discuss the content of the factsheet and answer any questions or concerns the parent or guardian may have. Provide written and verbal home and follow-up care instructions.

(a) In the event an athlete's parents or guardians cannot be reached and the athlete is able to be sent home, the athletic trainer, coach, or other appropriate personnel should ensure the athlete will be with a responsible adult capable of monitoring the athlete and who understands the home care instructions before allowing the athlete to go home. Additional steps to take are:

(i) Continue efforts to reach the parents or guardians.

(ii) If there is any question about the status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete should be referred to the emergency department for evaluation. A coach, athletic trainer, or other appropriate personnel should accompany the athlete and remain with the athlete until the parents or guardians arrive.

(iii) Athletes with a suspected concussion should not be permitted to drive home.

Section 5: Return-to-Learn Strategy

(a) Under subsection (7) of section 33-1625, Idaho Code, it reads "Students who have sustained a concussion and return to school may need informal or formal accommodations, modifications of curriculum, and monitoring by a medical or academic staff until the student is fully recovered. A student athlete should be able to resume all normally scheduled academic activities without restrictions or the need for accommodation prior to receiving authorization to return to sport by a qualified health care professional as defined in subsection (6) of this section."

(b) The athletic trainer, school nurse, school counselor or other appropriate designated school administrator shall communicate and collaborate with the athlete, parents or guardians of the athlete, coaches, teachers and any necessary and pertinent outside medical professionals of the athlete, to create a plan that will support the athlete's academic and personal needs while symptomatic.

(i) Supporting a student recovering from a concussion requires a collaborative approach among school professionals, health care providers, parents or guardians of the athlete, as well as the athlete themselves, as they may need accommodations during recovery. Keep in mind that the accommodations that worked for one athlete may not work for another.

(ii) If symptoms persist, accommodations for the student such as a 504 plan may be pertinent. A 504 plan is implemented when students have a disability (temporary or permanent) that affects their performance in any manner. Services and accommodations for students may include environmental adaptations, curriculum modifications, and behavioral strategies. The decision to implement a 504 plan should be arrived at through collaboration of all parties involved.

(iii) Students may need to limit activities while they are recovering 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 (such as headache or tiredness) to reappear or get worse. Students who return to school after a concussion may need to:

a. Take scheduled rest breaks as needed to prevent symptoms from increasing
b. Initially, spend fewer hours at school (** *a complete absence from the school environment for more than one week is not generally recommended*)
c. Be given more time to take tests or complete assignments
d. Receive help with schoolwork
e. Reduce time spent on the computer, reading, or writing

(iv) It is normal for students to feel frustrated, sad, and even angry because they cannot return to recreation or sports right away, or cannot keep up with their schoolwork. A student may also feel isolated from peers and social networks. Talk with the student about these

issues and offer support and encouragement. As the student's symptoms decrease, the extra help or support can be removed gradually as decided on by the team involved.

(c) As the athlete returns to academic and athletic activities the athletic trainer, school nurse, school counselor or other appropriate school personnel shall follow-up with the athlete periodically to ensure symptoms are decreasing, have been eliminated and have not returned, or to address any additional concerns of the athlete and the athlete's parents or guardians, and to adjust the academic and return to school strategy for the athlete if needed until the athlete has been fully reintegrated into normal academic activities.

(d) The following 4-step progression is available as a general guideline for the athlete, the parents or guardians of the athlete, medical providers, and school professionals to reference for return to school purposes.

(e) Return to learn and the first three steps of the return to sport strategy may occur simultaneously.

Graduated Return-to-Learn Strategy			
Following an initial period of relative rest **(maximum of 24-48 hours)**, students can begin a gradual and incremental increase in their cognitive load. Progression through the strategy for students should be slowed when there is more than a mild and brief symptom exacerbation (worsening). **See asterisk below.*			
The Return-to-Learn strategy is an individualized process. The graph below is a general example and may not apply to every student.			
Step	**Mental Activity**	**Activity at Each Step**	**Goal**
1	Daily activities that do not result in more than a mild exacerbation* of symptoms related to the current concussion	Typical activities during the day (e.g., reading, social interactions, light walking) while minimizing screen time. Start with 5-15 minutes at a time and increase gradually.	Gradual return to typical activities
2	School activities with encouragement to return to school as soon as possible (as tolerated)	Homework, reading, or other cognitive activities at school or at home. **A complete absence from the school environment for more than one week is not generally recommended.**	Increase tolerance to cognitive work and connect socially with peers
3	Part-time or full days at school with academic accommodations as needed	Gradual introduction of schoolwork. May need to start with a partial school day or with greater access to rest breaks during the day.	Increase academic activities
4	Return to school full-time	Gradually progress in school activities until a full day can be tolerated without more than mild* symptom exacerbation.	Return to full academic activities and catch up on missed work

*Sources: Patricios JS, et al. Br J Sports Med 2023;**57**:695-711. doi:10.1136/bjsports-2023-106898. Reed N, Zemek R, et al. Living Guideline for Pediatric Concussion Care. doi:10.17605/OSF.IO/3VWN9*

*Mild and brief exacerbation of symptoms is defined as an increase of no more than 2 points on a 0–10 point scale (with 0 representing no symptoms and 10 the worst symptoms imaginable) for less than an hour when compared with the symptoms reported prior to cognitive activity or physical exertion.

Section 6: Return to Sport Strategy

Athletic Trainers or Other Appropriate Medical Providers

ATTENTION

Only individuals deemed a "qualified health care professional" under subsection (6) of section 33-1625, Idaho Code, may provide medical clearance for an athlete to return to play following a possible concussion. A qualified healthcare professional must meet two (2) criteria. The medical professional must be trained in the evaluation and management of concussions, AND must be one of the following:

(a) A physician or physician assistant licensed under chapter 18, title 54, Idaho Code;
(b) An advanced practice nurse licensed under section 54-1409, Idaho Code (a school nurse may not necessarily be an advanced practice nurse); or
(c) A licensed healthcare professional trained in the evaluation and management of concussions who is supervised by a directing physician who is licensed under chapter 18, title 54, Idaho Code (such as an Idaho Certified Athletic Trainer).

The following return to play process (Section 7) is only intended for use by individuals deemed a qualified healthcare professional. If an individual is not a qualified healthcare professional, the athlete must be referred to a medical professional who is deemed qualified to provide medical clearance for concussion injuries under Idaho law.

(a) Return to learn and the first three steps of the return to sport strategy may occur simultaneously.

(b) An athlete cleared to play by a qualified medical professional only provides clearance for the athlete to begin the stepwise return to sport strategy as set forth in section (d) below, unless the athlete has been directed through the stepwise return to sport progression by the outside medical provider(s) prior to being cleared. Administrators, coaches and parents must act reasonably and to the best of their ability to ensure an athlete is cleared by a proper medical provider experienced in the evaluation and management of concussion pursuant to subsection (6) of section 33-1625, Idaho Code.
   (i) Clearance by a medical provider must be in written form and kept on file with the Athletic Director for no less than seven (7) years.

(c) If at any time, the athletic trainer or other qualified medical personnel feel the injury is beyond their expertise, scope of practice or comfort level, then the athlete shall be referred to a qualified health care professional trained in the evaluation and management of concussion for treatment and management of the injury.
   (i) It is the responsibility of the athletic trainer or other on-site medical personnel to ensure that proper and sufficient communication takes place with any/all outside medical professionals to ensure medical providers have all pertinent medical information, are accurately informed of the details and severity of the injury, and that the medical provider receiving the referral is qualified to evaluate and manage concussions.

(d) The return of an athlete to sport shall be done in a stepwise fashion in accordance with the recommended return to sport strategies of the CDC and the NFHS. Proper instruction and supervision of an outside medical provider should be used if necessary. A parent or legal guardian should supervise each step of the return to sport process and should communicate regularly with coaches of the athlete to inform them of the athlete's progress.
   (i) Each step of the return-to-sport strategy should take a minimum of 24 hours.

The athlete should not be released for full Return to Sport unless they have resumed all normally scheduled academic activities without restrictions or the need for accommodations prior to receiving authorization to Return to Sport by a qualified healthcare professional as defined in subsection (6) of section 33-1625, Idaho code.

Graduated Return-to-Sport Strategy			
Step	**Exercise Strategy**	**Activity at Each Step**	**Goal**
Athletes may begin Step 1 (i.e., symptom-limited activity) within 24 hours of injury, with progression through **each subsequent step typically taking a *minimum* of 24 hours.**			
1	Symptom-limited activity	Daily activities that do not exacerbate symptoms (e.g., walking).	Gradual reintroduction of work/school
If more than mild exacerbation of symptoms (i.e., more than 2 points on a 0–10 scale) occurs during Steps 1–3, the athlete should stop and attempt to exercise the next day.			
2	Aerobic exercise **2a.** Light (up to approx. 55% max HR) **then** **2b.** Moderate (up to approx. 70% max HR)	Stationary cycling or walking at slow to medium pace. May start light resistance training that does not result in more than mild and brief exacerbation* of concussion symptoms.	Increase heart rate
If more than mild exacerbation of symptoms (i.e., more than 2 points on a 0–10 scale) occurs during Steps 1–3, the athlete should stop and attempt to exercise the next day.			
3	Individual sport-specific exercise	Sport-specific training away from the team environment (e.g., running, change of direction and/or individual training drills away from the team environment). **No activities at risk of head impact.**	Add movement and change of direction
Following authorization by your physician, Steps 4–6 should begin after the resolution of any signs and symptoms related to the current concussion, including during and after physical exertion. Athletes experiencing concussion-related signs/symptoms during Steps 4–6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities.			
4	Non-contact training drills	Exercise to high intensity including more challenging training drills (e.g., passing drills, multiplayer training), can integrate into a team environment.	Resume usual intensity of exercise, coordination, and increased thinking (activity-related cognitive skills)
5	Full contact practice	Following medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff
If symptoms re-emerge with this level of exertion, then return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. **If the student remains symptom free for 24 hours after this level of exertion, then proceed to the next stage *with medical clearance.***			
6	Return to sport	Normal game play.	Fully back to sport

*Sources: Patricios JS, et al. Br J Sports Med 2023;**57**:695-711. doi:10.1136/bjsports-2023-106898. Reed N, Zemek R, et al. Living Guideline for Pediatric Concussion Care. doi:10.17605/OSF.IO/3VWN9*

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