



Holy Ghost Prep Concussion Management Team:

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Services overseen by the Concussion Management Team:

1. Concussion Education- Mandatory for all student athletes and families
2. Baseline Sway Testing- Mandatory for all student athletes and completed before each sports season
3. Every two years, faculty will be provided with an in-service regarding concussion protocol, return to play, return to school, and return to learn.

Concussion Education:

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.

1. A concussion may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an “impulsive” force being transmitted to the head
2. A concussion typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. Symptoms may include amnesia, confusion, disorientation, headache, nausea, uncoordinated hand-eye movements and in some cases loss of consciousness.
3. A concussion may result in neuropathological changes, but the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury.
4. A concussion results in a set of clinical syndromes that may or may not involve a loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course.
5. Every athlete with a suspected concussion should be evaluated by a Physician.
6. Amnesia, not loss of consciousness, may be the main indicator of the severity of concussion.
7. Concussions can be cumulative. Research has documented that prior concussions may indeed lower the threshold for subsequent concussion injuries and increase onset as well as symptom severity.

Concussion Signs and Symptoms:

CALL 911 Immediately if student has any of the following symptoms after a blow to the head:

1. Seizure Activity (twitching or jerking movements of parts of the body or may appear stiff and rigid)
2. Fencing Position (Arms bent outwards and upwards in a “fenced” position)
3. Weakness or tingling in the arms or legs
4. Repeated vomiting
5. Slurred Speech
6. Blood or clear fluid from the nose or ears
7. Impaired Consciousness
8. Confused, restless, or agitated
9. Cannot recognize people or place

Signs observed by others

1. Appears dazed or stunned
2. Answers questions slowly
3. Repeats questions
4. Cannot recall events prior to or after the injury
5. Loses consciousness
6. Shows behavior or personality changes

Symptoms reported by affected student

1. Headache
2. Dizziness
3. Pressure in head
4. Neck Pain
5. Blurred vision
6. Nausea and/or vomiting
7. Balance Problems
8. Sensitivity to light
9. Sensitivity to noise
10. Feeling slowed down
11. "Don't feel right"
12. Difficulty concentrating
13. Difficulty remembering
14. Fatigue or low energy
15. Confusion
16. Drowsiness
17. Trouble falling asleep
18. Sleeping more than usual
19. Difficulty sleeping soundly
20. More emotional
21. Irritability
22. Sadness
23. Nervous or anxious

Initial concussion triage protocol:

1. If a student is suspected of suffering a head injury, the student will be evaluated for concussive symptoms by the Athletic Trainer at all school sporting events. The school nurse will evaluate/triage at school, non-athletic school events, and school activities.
2. If the athletic trainer or nurse are not available for triage, the event moderator must immediately contact the student's parent/guardian and contact the school nurse.
3. The student's parent/guardian will seek further medical attention for the student. Initially, the student must see a Physician if symptoms are observed or reported. The student's parents are responsible for getting the student to a physician. (e.g. Pediatrician, Urgent Care, ER) for evaluation.

Follow up care:

1. A student must be cleared by a Physician and have no concussive symptoms in order to return to activity as normal. A note from the evaluating Physician must be provided to the School Nurse and/or Athletic Trainer.
2. If a student is suspected of or deemed to have concussive symptoms, the student's parent/guardian must follow up with a Physician who will provide documentation to the school nurse and/or Athletic Trainer regarding: *The symptoms present, Level of activity tolerated, and School accommodations.*
3. In order to complete Return to Play and Return to Learn, the student must be further assessed and cleared by an MD, DO, or Neuropsychologist, trained in the evaluation and management of concussions. A written statement from the treating provider, must be submitted to the school Nurse and/or Athletic Trainer, stating that the student is fully cleared to return to regular activity without accommodations related to the concussion.

Return to Play:

1. If a student athlete has been diagnosed with a concussion he will begin the Return to Play Protocol.
2. Once the athlete has no symptoms, they must complete the following steps prior to returning to play. Only one step can be completed a day:
 1. NO ACTIVITY; complete rest; once asymptomatic, proceed to level 2.
 2. Light aerobic exercise such as walking or stationary bike (low heart rate).
 3. Sport specific training (Sprinting, ice skating, jumping)
 4. Non-contact training drills (Practice)
 5. Full-contact training after medical clearance (Practice)
 6. Full participation

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3. In order to complete steps 5 and 6, the student must have full documented clearance from a physician to return to play and return to learn without accommodations. This includes non contact sports.
 4. With this progression, the athlete should continue to proceed to the next level as long as they are asymptomatic at the current level. If any post concussion symptoms occur, the student should drop back to the previous asymptomatic level and try to progress again after being symptom free for at least 24 hours.
 5. No athlete with a concussion or suspected concussion should return to play before the brain has healed and is asymptomatic.

Return to Learn

1. If a student is deemed to have post concussive symptoms that interfere with his ability to fully participate in class without accommodations, he is considered to be in Return to Learn protocol.
2. Accommodations recommended by the treating physician or neuropsychologist will be documented in the Academic Accommodation and Support Plan by the Counseling Staff and will be provided to the student's teachers, the Principal, and the Dean of Academics. Additional accommodations beyond physician recommendations may be added at the discretion of the Counseling Staff and School Nurse in consultation with the Dean of Academics.
3. Any step-wise accommodations recommended by the treating physician will be monitored by the school Nurse, Athletic Trainer and Counseling staff. Changes to such accommodations will be communicated to the faculty.
4. Physical symptoms and academic accommodations will be monitored by the Concussion Management Team until the student is cleared. In some cases, the school will request a Medical Release of Information form to coordinate accommodations with the treatment provider.
5. When the student is cleared by the treating provider, the student must receive a written statement from the treating provider stating that the student is asymptomatic and is fully cleared to return to regular activity without accommodations related to concussion. This written statement must be provided to the school nurse and the Counseling Department.
6. Once the student is cleared, teachers are notified by the Counseling Department that the Accommodation plan is lifted and no longer in place.
7. Upon clearance, the student is considered to be ready to return to full workload. Teachers identify essential and necessary make-up assessments for the student.