



Policy Number: 3240

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## **MANAGEMENT OF CONCUSSIONS AND HEAD INJURIES POLICY**

### **PURPOSE**

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 athletes. American Leadership Academy has established this protocol to provide education about concussion for coaches, school personnel, parents, and students. 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. The Board of Trustees seeks to provide a safe return to activity for all students following any injury, but particularly after a concussion. In order to effectively and consistently manage these injuries, procedures have been developed to aid in insuring that concussed students are identified, treated and referred appropriately, receive appropriate follow-up medical care during the school day and are fully recovered prior to returning to activity.

### **RECOGNITION OF CONCUSSION**

A concussion is type of traumatic brain injury that interferes with normal function of the brain. It occurs when the brain is rocked back and forth or twisted inside the skull as a result of a blow to the head or body. What may appear to be only a mild jolt or blow to the head or body can result in a concussion. A concussion can occur even if a player or student in an activity is not knocked out or loses consciousness.

### **SIGNS (Observed by Others)**

- Student appears dazed or stunned
- Confusion
- Forgets plays
- Unsure about game, score, opponent
- Moves clumsily (altered coordination)
- Balance problems
- Personality change
- Responds slowly to questions
- Forgets events prior to hit
- Forgets events after the hit
- Loss of consciousness (any duration)

### **SYMPTOMS (Reported by Student)**

- Headache

- Fatigue
- Nausea or vomiting
- Double vision, blurry vision
- Sensitive to light or noise
- Feels sluggish
- Feels "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 who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the contest, game, or practice and shall not return to play until cleared by an appropriate health care professional.

### **CONCUSSION EDUCATION**

1. Athlete Education: All student athletes will be required to attend a concussion training seminar presented by the athletic trainer (or athletic director if an athletic trainer is not employed).
  - a. Student athletes will be presented with information that describes the nature and risk of a concussion or traumatic head injury and the risk of continuing to participate after sustaining a concussion or head injury.
  - b. This training will occur within the first two weeks of organized practice. Student athletes will be required to sign a statement of understanding at the close of the seminar and then have it signed by their parent/guardian.
  - c. Student athletes who do not complete the seminar and return the statement of understanding will be deemed ineligible.
  
2. Parent/Guardian Education: All parent/guardians will be provided with a copy of "Heads Up: Concussion in High School Sports, a fact sheet for parents: provided by the Centers for Disease Control.
  - a. Parent/Guardians will be required to sign the statement of understanding provided to the students.
  - b. Failure to return the signed statement will result in ineligibility for the student athlete.

### **PRE-SEASON CONCUSSION ASSESSMENT**

A concussion history should be included as part of all student athlete pre-participation physical exams with their health care provider. Student athletes participating in football, volleyball, soccer, basketball, wrestling, baseball, softball, cheer and drill, will take a baseline concussion test at the start of organized practice. The IMPACT (Immediate Post-Concussion Assessment and Cognitive Testing), assessment is provided courtesy of Intermountain Healthcare and:

- Measure player symptoms
- Measures verbal and visual memory, processing speed and reaction time
- Reaction time measured to 1/100th of second
- Assists clinicians and athletic trainers in making difficult return-to-play decisions

- Provides reliable baseline test information
- Produces comprehensive report of test results
- Results can be e-mailed or faxed for fast consultation by a neuropsychologist
- Automatically stores data from repeat testing
- Testing is administered online for individuals or groups

## CONCUSSION ACTION PLAN

1. When a student athlete shows any signs, symptoms, or behaviors consistent with a concussion, the athlete shall be removed immediately from class, practice, or competition and evaluated by a qualified health care professional.
2. Where possible, the athlete shall be evaluated on the sideline by a licensed athletic trainer or other appropriate health care professional.
3. The following situations indicate a medical emergency and require activation of the Emergency Medical System.
  - a. Any student with a witnessed loss of consciousness of any duration may be spine boarded and transported immediately to nearest emergency department via emergency vehicle.
  - b. Any student who has the following symptoms of a concussion, and who is not stable is to be transported immediately to the nearest emergency department via emergency vehicle.
    - i. Deterioration of neurological function
    - ii. Decreasing level of consciousness
    - iii. Decrease or irregularity in respirations
    - iv. Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
    - v. Mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation
4. A student who is symptomatic but stable, may be transported by his or her parents.
5. A student-athlete diagnosed with a concussion shall be withheld from the competition or practices and shall not return to activity for the remainder of the day.
6. Student-athletes and their parents will be provided with written instructions upon dismissal from the practice or game. (UHSAA post-concussion instructions and return to play clearance form).
7. In the event that a student's parent(s) cannot be reached, and the student is able to be sent home:
  - a. The ALA agent (athletic trainer, head coach, athletic director, principal, director) will ensure that the student will be with a responsible individual, who is capable of monitoring the student and understanding the home care instructions, before allowing the student to go home.
  - b. The ALA agent should continue efforts to reach a parent.
  - c. If there is any question about the status of the student, or if the student cannot be monitored appropriately, the student should be referred to an emergency department for evaluation. ALA's agent will accompany the student and remain with the student until a parent arrives.
  - d. ALA's agent shall provide for supervision of other students for whom he or she is responsible when accompanying the injured student.
8. **Students with suspected head injuries will not be permitted to drive home.**
9. ALA agents should seek assistance from the host site certified athletic trainer or team physician, if available, at an away contest if the injury occurs at a formal athletic contest and the ALA designated health care professional is unavailable.

## **RETURN TO SCHOOL AND RETURN TO PLAY PROCEDURES**

Return to activity and play is a medical decision. The student must meet all of the following criteria in order to progress to activity:

- Asymptomatic at rest and with exertion (including mental exertion in school)
- Have written clearance from an appropriate medical professional

Once the above criteria are met, the student will be progressed back to full activity following the step-wise process detailed below. 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 student, and sport/activity in which the student participates. An athlete/student with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participation in a collision or contact sport may be progressed more slowly.

Stepwise progression as described:

1. Complete 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.
2. Return to school full-time: Teachers will be provided with the USHAA concussion management return to school recommendations. Students shall be allowed to make up any missed assignments or tests without penalty. Make-up assignments will be completed with 2 weeks of full return to activity. Students needing extended recovery time (greater than 3 weeks) may be issued a 504 education plan.
3. Light exercise: This step cannot begin until the student is no longer having concussion symptoms and is cleared by a health care professional for further activity. No weight lifting.
4. Running in the gym or on the field. No helmet or other equipment.
5. Non-contact training drills in full equipment. Weight training can begin.
6. Full contact practice or training. Retake the neuropsychological exam to confirm student has returned to baseline functioning.
7. Play in game. This step cannot begin until the student has been symptom free for at least one week and is cleared by a health care professional for further activity.

The student should spend 1 to 2 days at each step before advancing to the next. If post concussion symptoms occur at any step, student must stop the activity. The student will rest for 24 hours and then resume activity at a level one step below where he or she was at when the symptoms occurred. If symptoms continue to worsen the student will be referred to their treating physician.

## **STUDENTS PARTICIPATING IN NON-SPORTING EVENTS**

Depending on the type or severity of the injury, return to play procedures for recess, field days, elementary physical education, or other non-sporting event student activities in the elementary and secondary schools may be simplified as appropriate.. In consultation with a physician, school nurse, or other health care professional, parents or legal guardians may provide clearance for students to participate in non-sporting event activities in both the elementary and secondary schools and in elementary physical education.

