



# North Country Union High School Falcon Athletic Department



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## Procedure for the Management of Concussions

### Purpose:

This document outlines the North Country Union High School procedure for sports related head injury/concussions. A team approach involving the student-athlete, athletic trainer, school nurse, teachers and concussion qualified licensed health care provider's will be used to manage concussions. Each concussion will be managed individually based on the student-athlete's symptoms, needs and recovery timeline. No two concussions are alike, and should not be managed as such.

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## **Recognition:**

A concussion is defined as a disturbance to the brain caused by a blow to the head or body that causes the brain to move rapidly inside the skull. This is an individualized injury that presents with a myriad of cognitive, physical and emotional symptoms and impairments that should be approached with a multifaceted recognition and management program.

### **Common Signs and Symptoms:**

\*Signs (may be some or all) observed by others:

- Appears dazed or stunned
- Personality or behavioral or emotional change
- Confusion (about assignment, plays, instructions)
- Moves clumsily, balance problems
- Forgetfulness of tasks or words
- Responds slowly to questions
- Loss of consciousness (any duration)

\*Symptoms (reported by athlete) may be:

- Headache
- Fatigue, feeling sluggish, “foggy”
- Nausea or vomiting
- Double vision, blurry vision
- Sensitivity to noise or light
- Problems concentrating

**These signs and symptoms are indicative of a probable concussion. Signs & Symptoms vary from person-to-person, and concussion-to-concussion.**

Along with the above signs and symptoms, the athletic trainer may utilize any or all of the following measures to evaluate head injuries sustained during athletic activity.

- General Neurological Exam
- Graded Symptom Checklist
- General Cognitive Tests
- SCAT 3 (Sport Concussion Assessment Tool 3)
- Balance Error Scoring Scale (BESS)

- Visual Ocular Motor Screening (VOMS)

## **Management & Referral Guidelines**

If an athlete sustains a suspected concussion/head injury/blow to the head:

**Unstable Athlete:** Any student-athlete whom is symptomatic and is not stable (i.e. condition is deteriorating, has prolonged unconsciousness or has a suspected spine injury) will be transported immediately, by ambulance, to North Country Hospital Emergency Department (if at an away contest; the nearest medical receiving facility).

**Stable Athlete:** A student-athlete is considered stable if their symptoms are not changing rapidly, is alert & oriented, and otherwise doing well. The parent/guardian will be advised upon the recommendation of the athletic trainer or other NCUHS appointed onsite licensed healthcare provider (see below) to contact the athlete's primary care physician or seek care at North Country Hospital Emergency Department. The parent/guardian may choose to transport the athlete themselves based on the findings. A stable athlete may also be sent home with instructions for home care and follow up for the next day with the AT after clearance.

If a catastrophic injury is sustained or suspected, the AT and/or coach will notify the NCUHS Administration team including the Director of Student Activities, as well as the Administrator on duty. This will allow the Administrative team notification in the event they need to prepare the school community for crisis management.

## **Procedure for the Certified Athletic Trainer**

The certified Athletic Trainer will assess the student-athlete with the potential concussion:

- The AT will perform cognitive and neurological assessments based on recommendations from the NATA (National Athletic Trainers Association position statement 2014) and the Consensus Statement on Concussion in Sport: the 4th International Conference: Zurich 2012 and local sports medicine physicians.
- Immediate referral to athlete's primary care physician or to the hospital will be made when medically necessary.
- The AT will provide immediate notification to the athlete's parent/guardian
- The AT will provide immediate notification to the school healthcare team (Athletic Director, coach, and school nurse).

- Written and verbal instructions for home follow-up care will be distributed.

The AT will notify the school nurse of the injury prior to the start of the next school day via voicemail or email. The AT will initiate appropriate care, follow-up and

***Return-to-Learn*** (see below) activities upon the student-athlete's return to school:

- The AT will provide appropriate coordinated care and paperwork with the school nurse as well as the student-athlete's guidance counselor.
- The AT will monitor daily the athlete's cognitive status and list of symptoms by using a graded symptom checklist, neurological exams and cognitive testing.
- The AT will administer ImpACT computer tests to monitor memory, cognitive function, reading and comprehension, and reaction time.
- The AT will regularly inform and update the coach, parent/guardian and school nurse of current status within FERPA/HIPPA guidelines.

The AT is responsible for monitoring the recovery and coordinating the appropriate ***Return-To-Play*** activity progression (see below) once cleared to participate with written permission by a licensed healthcare professional (AT, MD, PA, NP) trained in the management of concussions (per state law).

**If the NCUHS student-athlete has been seen and is under the care of a physician for their concussion, the AT will require the written clearance come from that treating physician.**

The AT or representative will maintain appropriate documentation regarding the assessment and management of the injury.

## **Guidelines & Procedures for Coaches**

### **Recognize, Remove, Refer**

#### **Recognize:**

- All coaches should be familiar with the signs and symptoms of a concussion as described on page 2.
- All coaches are required by State Statute to complete the concussion education online module offered by the NFHS every 2 years.
- Basic cognitive questioning should be performed to determine deficits when the athlete is removed from play.

**Remove:**

- If the athlete has sustained a blow to the head/head injury/concussion, the athlete must be removed from the activity until evaluated medically by the athletic trainer or another NCUHS designated licensed healthcare provider.
- Please note that a healthcare provider otherwise attending an event as a spectator as a parent, friend etc. is not an acceptable provider to “clear” an athlete to return to play.**
  - “When in doubt, hold them out.”*
- If at an away contest, the onsite designated medical personnel should be deferred to for assistance.

**Refer:**

- Coaches should report all potential head injuries to the NC AT (or if away the visiting AT) as soon as possible for evaluation and follow-up care.
  - The NCUHS Athletic Trainer can be reached at (802) 334-7921 x3016 or at Chelsea.bohannon@ncsuvt.org
- If the AT is unavailable onsite, the coach is responsible for notifying the athlete’s parent/guardian of the injury.
  - Contact parent/guardian and inform them of the injury.
  - Make arrangements for the athlete to get home or to a medical facility.
  - Contact the AT with the athlete’s name and contact information so follow-up can be initiated.
  - Remind the athlete/athlete parent to report directly to the school nurse & AT prior to the start of the next school day whether in school or out.
- If at an away contest, the coach should seek assistance from the host AT or other medical staff hired as coverage for that site.
- In the event that an athlete’s parents/guardians cannot be reached, the athlete will **not** be sent home alone **or** with another athlete.
  - The coach or AT will insure the athlete will be with the athlete’s emergency contact who is capable of monitoring the athlete and understanding the home care instructions.
  - The coach or AT will continue efforts to reach the parents/guardians.
  - If any questions about the status of the athlete or if the athlete is not able to be monitored appropriately, then the athlete will be referred to the Emergency Department for evaluation.

- Athletes with suspected head injuries will not be permitted to drive home.

## **Guidelines for Student-Athletes & Parents**

- Signs & Symptoms:** Be truthful about signs and symptoms you are exhibiting. Concussions can be prolonged if not treated properly early on. It is important as the sooner you rest, the better the recovery will be.
- School:** Stay home from school if you continue to have symptoms including headaches, dizziness, and sensitivity to light, sound, and electronics.
- Social:** Limit social activities immediately following the injury such as school dances, concerts, spectating at games, and other loud, stimulating activities.
- Symptomatic:** If symptomatic, you should avoid:
  - Television, computer time, cell phone, video games, and video screen time
  - Reading or concentrating on homework for extended periods
  - Physical Exertion and activity
  - If symptom free with a cognitive activity, it is likely ok for short periods.
- School Nurse:** Report continuing or worsening symptoms to the school nurse (if AT is not available at that time), AT, teachers or coach.
- School Work:** Keep teachers informed of your status if it is affecting your ability to do school work or keep up in class. Accommodations will be made for you in and out of the classroom.

## **Return to Learn Guidelines**

### **Responsibilities of the Athletic Trainer:**

- Notify the school healthcare team of the initial head injury and athlete's current cognitive status and symptoms.
- Upon return to school the athlete's cognitive status will be assessed with the athletic trainer (and guidance counselor if necessary) and whether academic accommodations should be initiated or not.
- Monitor athletes' symptoms regularly during recovery and communicate with healthcare team of cognitive status.
- Provide daily Graded Symptom Checklist testing to monitor status.

**Responsibilities of the Athlete's Guidance Counselor:**

- Monitor the student closely as referred by the school healthcare team or AT.
- Recommend appropriate academic or supportive accommodations for the students who are exhibiting prolonged post-concussive symptoms.
- Routinely communicate with the healthcare team of any accommodations or issues surrounding the student's recovery.
- Communicate with school health office to provide the most effective care.
- Any long term adjustments (504 Plan) to the student's academic program must be approved by the administration.

**Responsibilities of the School Nurse:**

- Coordinate care with parents, physician, AT and guidance office as it pertains to Return to Learn/school.
- Assist with coordination of 504 Plan conferences if deemed necessary.

**Responsibilities of Teachers:**

- Provide classroom and homework accommodations for the student-athlete as long as necessary during recovery.
- Provide feedback to others of the healthcare team of student-athlete performance, demeanor, struggles, etc.
- Be supportive and encouraging to the student-athlete during recovery.

## **Return to Play Protocol**

NCUHS uses the University of Vermont Medical Center's 5-step return to play protocol that was written and adapted by the concussion task force. The only person that can clear participants to return to play is NCUHS' Athletic Trainer who reserves the right to determine when the protocol can be put into action and completed.

**Returning to participation on the same day of injury:**

- An athlete who exhibits any signs or symptoms of a concussion/head injury or a witnessed significant blow to the head, or has abnormal cognitive testing **will not** be permitted to return to play on the day of the injury.
- Any athlete who denies symptoms but has abnormal sideline cognitive testing will be held out of activity.
- *"When in doubt, hold them out."*
- Only the AT or other NCUHS designated licensed healthcare professional may clear an athlete to return to the contest after being removed for a suspected head injury.

**Returning to play after concussion:**

•The athlete **must meet all of the following criteria** in order to progress/return to activity:

1. Asymptomatic at rest **AND** with mental exertion and physical exertion with no use of pain relievers (Tylenol, Advil, etc.)
2. Has returned to school full-time
3. Have **written clearance** from the AT and/or other licensed healthcare professional trained in the management of concussions

•If the NCUHS athlete has been seen and is under the care of a physician for their concussion, the AT will require the written clearance come from that treating physician.

4. Cognitive, balance, graded symptom checklist and symptomatic provocative testing scores within normal limits

•Once the above criteria have been met, the athlete may then begin the 5-Step Return to Play protocol under the supervision of the AT.

•The NCUHS designated AT may reserve the right to delay the beginning of the 5-Step Protocol despite a written note from an outside healthcare provider if they have information from the student-athlete, school nurse, teachers or guidance counselor that may otherwise compromise the health and welfare of the student-athlete.

•No two concussions are the same. Progression is individualized and will be determined on a case to case basis.

•The AT, coach and athlete will discuss appropriate activities for the particular day based on the 5-Step Return to Play Protocol.

### **5-Step Return to Play Progression is as follows:**

The athlete must be asymptomatic for a minimum of 24 hours (with no medications) before the initiation of the Return to Play protocol and have written permission to return to activity without restriction.

**\*NOTE\*** If the athlete experiences any related symptoms during the 5-Step Return to Play progression, they will be dropped back to the previous asymptomatic level and resume progression 24 hours later if asymptomatic. The 5 Steps may take more than 5 days to complete safely.

#### **1. Light Aerobic Exercise:**

- Jogging, stationary cycling
- Intensity 4/10; no more than 30 mins.
- No Contact, sports specific drills or equipment worn

#### **2. Moderate exercise:**

- Running, skating, simple drills OK
- Intensity 5 or 6/10; no more than 60 mins.
- No Contact, no scrimmage/potential for contact, or equipment worn

#### **3. Non-contact exercise**

- Non-contact training drills ok



- Complex training drills, passing, specific plays
  - Resistance Training 7/10, no more than 90 mins.
  - No Contact allowed, or potential for head impact
4. Practice
- Full Contact Practice
  - No intensity or duration restrictions
5. Full Return to Activity
- Full Clearance to Play
  - All practice & Competition Allowed

## **State of VT Concussion Statute**

**Vermont State Concussion Law V.S.A. § 1431, Act No.68. An act relating to health and schools**

### **Executive Summary**

#### **Educate:**

**Coaches:** All coaches (every 2 years) must receive training in recognizing the symptoms of concussion and how to reduce the risks of concussion. New coaches must receive this training before coaching. NFHS education module is recommended and tracked by Vermont Athletic Directors.

**Officials:** Officials of “collision sports” (football, ice hockey, wrestling, lacrosse) must receive training in the recognition of concussion/head injury related symptoms prior to being allowed to officiate those respective sports.

**Parents & Student-Athletes:** Information concerning concussion and its impacts must be provided to student-athletes and their parents at least once per school year.

#### **Acknowledge:**

Student-athletes and parent must acknowledge (sign and return school form) receipt of the school’s Concussion Action Plan.

#### **Remove:**

Student-athletes suspected of having a concussion/head injury must be removed from play. Parents/guardians must be informed within 24 hours if a student sustains a concussion.

#### **Return:**

Student-athletes must be evaluated by and have written permission from a licensed healthcare provider trained in the recognition & management of concussions (as defined by Act 68) prior to returning to training or competition.

#### **Action Plan:**

Each school must have an action plan with the following policies:

- A. School must designate an individual who make the initial decision to remove a student-athlete from play when it is suspected the athlete may have suffered a concussion;
- B. School must outline the steps required before a student athlete can return to athletic or learning activity;
- C. School must designate an individual who will make the final decision regarding the student's return to athletic activity
- D. School must designate the responsibility for informing parents/guardians if a student-athlete sustained a concussion.

**Effective Dates:**

Act 68 shall take effect July 1, 2013, except for the presence of a healthcare provider at school sports activities Sec.7.(f) shall take effect July 1, 2015.

A licensed healthcare provider must be present on the sideline of "collision sports" (football, ice hockey, wrestling, lacrosse) beginning July 2015.

**Best Practice as Suggested by VT Department of Education and the VPA:**

Beyond the minimum legal requirements, best practice suggests:

- A. Educate all school staff in concussion management. Extending training to staff can ensure prudent return-to-play/academics decisions and cooperation from all stakeholders.
- B. Develop a clear concussion management plan/policy. Explicit policy guidelines can protect coaches, students, and administrators from backlash for unpopular decisions regarding removal from play.
- C. Identify a school staff member to lead the concussion management plan.
- D. Identify licensed healthcare provider with experience in concussion management in your area.
- E. Once cleared by a license medical provider all student-athletes should follow the return to play protocol.
- F. Return the student to full activity using an individualized graduated plan to guard against symptom exacerbation or second injury.

**Please sign, indicating a thorough understanding of the above information that should have been reviewed and practiced:**

Sport: \_\_\_\_\_

Head Coach: \_\_\_\_\_

Assistant coach: \_\_\_\_\_

Team Captain: \_\_\_\_\_

Team Captain: \_\_\_\_\_

Date completed: \_\_\_\_\_

**A copy of this completed signed form is to be filed with the Athletic Trainer.**