

## **Concussion Management Policy & Protocol**



A “Concussion” is defined as a violent direct blow to the head, face, neck or elsewhere on the body with an associated force to the head, resulting in complex traumatic biomechanical forces, impairment in neurologic function and functional disturbances. Concussion results in a graded set of clinical symptoms that may or may not include physical signs, behavioral changes, cognitive impairment, sleep disturbances and loss of consciousness. Concussion is a common injury in athletics, especially collision sports such as football, though it is possible that a concussion can mask what may be a serious life-threatening head injury. For this reason, the athletic training staff is committed to properly evaluating and managing any head injury cases to protect the student-athletes from any life-threatening situations as well as handling any return to play decisions to prevent further injury following concussion. The athletic trainer will carry out these functions as outlined by the UIL Concussion Protocol ([www.uil texas.org/health/safety](http://www.uil texas.org/health/safety)) and the NATA position statement on Concussion in Sport.

### **Recognition**

In the recognition of a concussion all employees, coaches, athletes, and parents need to be educated on the signs and symptoms that can be present. This is to ensure the safety of athletes who have possibly sustained a concussion from further risks like second-impact syndrome, brain bleeds, or cervical involvement. The importance of this education is not to diagnose a concussion but recognize the signs or symptoms to make sure the athlete is put in the safest environment possible. Athletes with any of these signs or symptoms must be immediately removed from all physical activity or competition.

## **ICISD Concussion Protocol**

- 1) Athlete sustains a concussion:
  - Extreme symptoms = Refer immediately for medical evaluation
  - No extreme symptoms, Concussion Home Instruction form sent home to parents and Concussion Management Protocol discussed
- 2) Staff Athletic Trainer should administer a SCAT 5 evaluation or post injury test to head injured athletes.
- 3) Athletes will be referred to the physician at the Shannon Concussion Clinic for concussion evaluation, management, and treatment.
  - a. Staff Athletic Trainer should:
    - Receive documentation from a treating physician.
- 4) Teacher contact will be made by the athletic trainer, copied to principal/assistant principal/counselor, head coach, and nurse with the stage of academic modification the student will be placed in as per ICISD policy.
- 5) When academic modifications change the Athletic Trainer will be responsible for communicating new modifications with teachers.
- 6) Once the student athlete is released by a physician, the athlete must commence with the Return to Play Protocol per UIL Texas. Activities, duration of activities and any additional notes should be documented.
- 7) Once all progressions are completed symptom free, athletic trainer will release athlete to full athletic and academic participation when the following have been received:
  - Written release from physician
  - UIL required return to play form signed by athletic trainer and parent/guardian.
- 8) Athletes will be released to participate when all of the above requirements have been satisfied and documented.

## **RETURN TO SPORT PROGRESSION GUIDE**

<b>Step</b>	<b>Activity</b>	<b>Date Completed</b>	<b>Initial</b>
<b>1. Symptom-limited Activity</b>	Daily activity that does not exacerbate symptoms such as walking. Can begin within 24-48 hrs.		
<b>2. Light Aerobic Exercise</b>	10-20 minutes of cardio on an exercise bike or light jog.		
<b>3. Moderate Aerobic Exercise</b>	20-30 minutes of including sport specific drills and light resistance training.		
<b>4. Non-Contact Training Drills (Full Resolution of symptoms with exercise)</b>	High intensity cardio, complex sport specific drills, and weightlifting. 30-60 min. Can integrate team environments.		
<b>5. Full Contact Practice</b>	Participation in normal training activities.		
<b>6. Return to Sport</b>	Full Contact Participation		



# CONCUSSION ACKNOWLEDGEMENT FORM

Name of Student \_\_\_\_\_

**Definition of Concussion** - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

**Prevention** - Teach and practice safe play & proper technique.  
 - Follow the rules of play.  
 - Make sure the required protective equipment is worn for all practices and games.  
 Protective equipment must fit properly and be inspected on a regular basis.

**Signs and Symptoms of Concussion** - The signs and symptoms of concussion may include but are not limited to: Headache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

**Oversight** - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, chiropractor, physical therapist, neuropsychologist or a physician's assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

**Treatment of Concussion** - The student athlete/cheerleader shall be removed from practice or participation immediately if suspected to have sustained a concussion. Every student-athlete/cheerleader suspected of sustaining a concussion shall be seen by a physician before they may return to athletic or cheerleading participation. The treatment for concussion is cognitive rest. Students should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete/cheerleader may begin their district's Return to Play protocol as determined by the Concussion Oversight Team.

**Return to Play** - According to the Texas Education Code, Section 38.157:

A student removed from an interscholastic athletics practice or competition (including per UIL rule, cheerleading) under Section 38.156 may not be permitted to practice or participate again following the force or impact believed to have caused the concussion until:

- (1) the student has been evaluated, using established medical protocols based on peer reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
- (2) the student has successfully completed each requirement of the return to play protocol established under Section 38.153 necessary for the student to return to play;
- (3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and
- (4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:

(A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;

(B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and

(C) have signed a consent form indicating that the person signing:

(i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;

(ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;

(iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and

(iv) understands the immunity provisions under Section 38.159.

\_\_\_\_\_  
 Parent or Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date



# Concussion Management Protocol Return to Play Form

*This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with the Return to Play protocol established by the school district Concussion Oversight Team, as determined by the superintendent or their designee (see Section 38.157 (c) of the Texas Education Code).*

\_\_\_\_\_  
*Student Name (Please Print)*

\_\_\_\_\_  
*School Name (Please Print)*

## Designated school district official verifies

*Please Check*

☐

The student has been evaluated by a treating physician selected by the student, their parent or other person with legal authority to make medical decisions for the student.

☐

The student has completed the Return to Play protocol established by the school district Concussion Oversight Team.

☐

The school has received a written statement from the treating physician indicating, that in the physician's professional judgment, it is safe for the student to return to play.

\_\_\_\_\_  
*School Individual Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*School Individual Name (Please Print)*

## Parent, or other person with legal authority to make medical decisions for the student signs and certifies that he/she:

*Please Check*

☐

Has been informed concerning and consents to the student participating in returning to play in accordance with the return to play protocol established by the Concussion Oversight Team.

☐

Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol.

☐

Consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return to play recommendations of the treating physician.

☐

Understands the immunity provisions under Section 38.159 of the Texas Education Code.

\_\_\_\_\_  
*Parent/Responsible Decision-Maker Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Responsible Decision-Maker Name (Please Print)*