

Tolland Public School Concussion Policy
Tolland High School and Tolland Middle School Sports Policy
Reviewed and Accepted July 2021

The Recognition of Signs or Symptoms of a Concussion

There are stereotypical signs and symptoms associated with concussion. Directed questioning is necessary to obtain these details, as students (or their families) often do not think to offer information about these symptoms in open ended questioning. Common symptoms in concussion are generally divided into physical/somatic, cognitive/thinking/remembering, sleep, and emotional/mood disruption categories. Attention to each individual symptom on the checklist provided below is important while obtaining a clinical history of the student (Master and Grady 2012).

Signs and Symptoms of Concussions

Physical: Nausea Vomiting Imbalance Slowed reaction time Dizziness Sensitivity to light Sensitivity to sound Fuzzy or blurry vision

Sleep: Sleeping more or less than usual Drowsiness or fatigue Trouble falling asleep Trouble maintaining sleep

Cognitive: Difficulty thinking or concentrating Difficulty remembering Confusion Feeling mentally foggy Feeling slowed down Decreased attention Decreased retention Distractibility Amnesia

Mood Disruption: More emotional Irritable Sad Nervous Depressed Source:

Athletes who experience any of the signs and symptoms listed below after a bump, blow, or jolt to the head or body should be kept out of play the day of the injury and until a healthcare professional, experienced in evaluating concussions, provides written clearance that they are symptom free and can return to play.

It is important to note that some athletes may not experience and/or report symptoms until hours or days after the injury. Most people with a concussion will recover quickly and fully. For some people, however, signs and symptoms of a concussion can last for days, weeks, or longer.

Potential Signs Observed by Coaches, Athletic Trainers, Parents, or Others:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Potential Symptoms Reported by Athlete:

- Headache or “pressure” in head

- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion Does not “feel right” or is “feeling down”

Education & Prevention

1. Coaches
 - a. The Athletic Trainer will conduct informational training with the coaching staff during the pre-season coaches meeting
2. Students
 - a. The Athletic Director includes concussion informational packets in Family ID for all students to review with an informed consent form to be signed
 - b. The students will also listen to a brief informational session from the Athletic Trainer at the beginning of their season
3. Parents
 - a. The Athletic Director includes concussion informational packets in Family ID for all parents to review with a consent form to be signed
 - b. The Athletic Trainer will conduct a brief informational session during the parent meeting
4. Injury Information/Acknowledge Form
 - a. As stated, concussion information and informed consent forms are located on Family ID for students/parents to review and sign
 - b. Athletic Trainer will be notified if this is incomplete

Baseline Testing

1. All athletes will perform the ImPACT baseline test before beginning sports
2. The ImPACT test will be completed prior to the start of their athletic season
 - a. If the athlete does not complete the ImPACT test prior to the start of their season, they will be held out of practice until it is completed
3. The Athletic Trainer will review each ImPACT test for validity. If not valid, athletes will need to retake the baseline assessment.

Emergency Management

1. Red flags for immediate referral to Emergency Room
 - a. **Loss of consciousness (911)**
 - b. Unusual behavior change
 - c. Increasing irritability
 - d. Weakness or numbness in arms or legs
 - e. Can’t recognize people or places
 - f. Increasing confusion
 - g. Slurred speech
 - h. **Repeated vomiting (911)**
 - i. Look very drowsy, cannot be awakened
 - j. Neck pain

- k. Seizures (911)**
 - l. Pupils of unequal size**
 - m. Headaches that worsen
 - n. **or any symptom that increases in severity**
 2. Location of emergency equipment
 - a. Emergency equipment will be located on the golf cart during the outdoor seasons. Equipment will include AED, C-spine collars, splints, etc. and will be located in a large red bag.
 - b. Emergency equipment will be located in the Athletic Training Room during the indoor seasons. Equipment will include AED, C-spine collars, splints, etc. and will be located in a large red bag under the treatment table.

Sideline Testing/Non-Emergent Care

1. If a concussion is suspected, the coach will immediately pull the athlete from activity and refer to the Athletic Trainer for initial assessment.
2. The Athletic Trainer will perform the Select Sideline Assessment
 - a. If the Athletic Trainer suspects that the athlete has a concussion, the athlete will be removed from activity for the remainder of the day
 - b. If the athlete has any signs or symptoms of a concussion, the athlete will be removed from activity for the day and referred for medical assessment
 - c. If the athlete does not have any signs or symptoms but cannot complete the physical exertion test, the athlete will be removed from activity for the day
3. Communication Tree
 - a. The athlete will be informed by the Athletic Trainer of the suspected diagnosis, at-home care, and process of the concussion protocol
 - b. The coach will be informed by the Athletic Trainer of the suspected diagnosis and subsequent removal from play
 - c. The parent/guardian will be contacted post-game/practice by the Athletic Trainer to be informed of the suspected diagnosis. The athlete will be sent home with a copy of the sideline assessment and at-home instructions.
 - d. The school nurse will be notified regarding the suspected concussion and activate the school's concussion policy

Return-to-School

1. Referral
 - a. The athlete must be referred for official concussion diagnosis as the Athletic Trainer cannot diagnose a concussion.
 - b. The athlete/parent will be informed to refer the athlete to a physician for evaluation. One possible referral is Dr. Daniel Veltry or Dr. Michael Marchetti in ManchesterTolland, as these physicians work closely with the athletic trainer and have extensive experience with concussions. Parents however, can seek a physician of their choice.
2. Accommodations

- a. The athlete will check in daily (if at school/practice) with the Athletic Trainer to complete the symptom checklist. If the athlete stays home from school/athletics, the Athletic Trainer will keep in contact with the parents as to their status.
- b. Any accommodations requested by the physician will be sent to the nurse. The nurse will develop a Health Care Plan, based on physician recommendations, addressing educational accommodations needed and communicating this plan with appropriate school staff (I.e. school administrators, guidance counselors, and teachers).
- c. A written medical note from the physician will be sent to the nurse if the athlete is withheld from school and/or associated coursework. The athlete will be required to make-up missed assignments or tests at the convenience of the teacher and/or parent/guardian.
 - i. If the recommendation is to keep the athlete home from school, the parent will need to call the athlete in sick each day.
 - ii. The athlete will be allowed no more than 3 subsequent days off from school. Any further days off will require an MD note sent to the nurse.
 - iii. Upon return, if the athlete has symptoms will go to the nurse and rest for up to 40 minutes, if symptoms do not resolve, the athlete will be sent home.

Return-to-Play

1. Criteria to enter into RTP
 - a. Symptom-free with ADLs AND full day of class for 24 hours
 - b. Must have a written initial clearance by a physician and be approved by Athletic Trainer and nurse to begin the RTP progression. Written clearance notes will be sent to the nurse who will then send it to the Athletic Trainer.
 - c. Will perform ImPACT test after return-to-school occurs but before RTP. Results may be sent via email to a physician for interpretation and review in order to make return to play recommendations.
 - i. If no baseline is available results will be compared to normative data.
2. After initial medical clearance, the Athletic Trainer will supervise the athlete through the RTP protocol while keeping the physician and the concussion coordinator informed of the progress.
3. RTP Protocol
 - a. Each stage will take no less than 1 full day to complete
 - b. Athlete will progress to next step if remains symptom-free after completion
 - c. If at any time signs or symptoms should worsen during the progression the athlete should stop activity for that day. If the symptoms are gone the next day, they may resume the RTP progression at the last step completed in which no symptoms were present. If symptoms return and don't resolve, the athlete should be referred back to his/her medical provider.
4. If the athlete is not able to complete the RTP protocol within 14 days of initial referral, referral back to the treating physician is initiated, with potential for referral to PT.

Modified Return -to -Play

If the athlete has sustained a concussion out-of-season, specifically over a month prior to the start of the athlete's sport season, the RTP protocol may be adjusted.

- a. If the Athletic Trainer is informed of concussion (at the time of diagnosis), out-of-season RTP can be initiated.
- b. If the Athletic Trainer is uninformed of concussion or over one month has passed since diagnosis, a modified RTP may be initiated.
 - i. Communication with the nurse, concussion specialist, and parents will help to determine the RTP plan
 - ii. The RTP protocol may include ImPACT (neurocognitive) testing and exertional testing to clear the athlete for participation
 - iii. The athlete will still require a physician's note for clearance for the RTP protocol

A modified RTP is unique to the athlete and situation and thus remains fluid in the protocol. A modified RTP may include all of the above, but communication remains key.

When possible, the school nurse will ask students who have provided information of a recent concussion if they plan to be an athlete in any upcoming seasons. When this information is known, the Athletic Trainer will be informed and will immediately begin to work with this student with a full RTP. This would likely enable the student to be cleared for sports prior to their sport season.

