

Longview ISD Athletic Department Protocol and Procedures for

Management of Sports-Related Concussions

Medical management of sports-related concussion is evolving. Longview ISD has established this protocol to provide education about concussion for athletic department staff and other school personnel. This protocol outlines procedures for staff to follow in managing head injuries and outlines school policy as it pertains to return to play issues after concussions.

Longview ISD seeks to provide a safe return to activity and academics for all athletes after injury, particularly after a concussion. In order to effectively and consistently manage these injuries, procedures have been developed to (1) aid in ensuring the concussed athletes are identified, treated and referred appropriately (2) receive appropriate follow-up medical care during the school day, including academic assistance and (3) are fully recovered prior to returning to activity. While all concussions cannot be prevented, the risk of a concussion may be reduced by correctly wearing appropriate equipment and applying proper techniques for each individual sport or athletic activity.

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I. Recognition of Concussions

A. Common signs (observed by others) of a concussion

- 1. Athlete appears dazed or stunned**
 - Confusion (about assignment, play, etc...)
 - Forgets plays
 - Unsure about game, score, opponent
 - Moves clumsily (altered coordination)
 - Balance problems
 - Personality changes
 - Responds slowly to questions
 - Forgets events prior to and/or after the hit
 - Loss of consciousness (any duration)

B. Common symptoms (reported by athlete) of a concussion

- 1. Headache**
 - Fatigue
 - Nausea or vomiting
 - Double vision, blurry vision
 - Sensitive to light or noise
 - Feels sluggish

Feels “foggy”

Problems concentrating

Problems remembering

2. These signs and symptoms are indicative of a probable concussion; however, other causes for symptoms should also be considered

C. Cognitive impairment (altered or diminished cognitive function)

1. General cognitive status can be determined by simple sideline cognitive testing
 - a. AT may utilize SCAT (Sports Concussion Assessment Tool), sideline SWAY, or other standard tools for sideline cognitive testing in addition to performing an evaluation
 - b. Coaches can ask basic cognitive/orientation and symptom questions

II. SWAY Testing

- A. The Sway System combines objective balance cognitive measures to support healthcare professionals in performing accurate and informed evaluations with nothing more than the mobile device they already own.
- B. All athletes in collision and contact sports at Longview High School are recommended to take a baseline SWAY test prior to participation in sports at Longview HS and are recommended to take a “new” baseline test every two years.

III. Management and Referral Guidelines for All Staff

- A. An athlete who exhibits any of the following symptoms, indicating the athlete is not stable, should be transported immediately to the nearest emergency department via emergency vehicle.
 1. Deterioration of neurological function
 - Decreasing level of consciousness
 - Decrease or irregularity in respirations
 - Decrease or irregularity in pulse
 - Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
 - Mental status changes: lethargy, difficulty maintain attention, confusion or agitation
 - Seizure activity
 - Cranial nerve deficits
- B. An athlete who is symptomatic, as indicated in section I., but stable, may be transported by his or her parents. The parents should be advised to contact the athlete’s primary care physician for an appointment or seek care at the nearest emergency department if conditions deteriorate and become unstable.

IV. Procedures for the Athletic Trainer (AT)

- A. The AT will assess the injury or provide guidance to the Coach if unable to personally attend to the athlete
 1. Immediate referral to the hospital will be made when medically appropriate (see section III)

2. The AT will perform serial assessment following recommendations in the NATA Statement and utilize SCAT or sideline SWAY if available
3. The AT will notify the athlete's parents and give verbal home and follow-up care instructions
- B. The AT will notify the School Nurse of the injury if the injured athlete requires modified academic assistance while recovering from the concussion.
 1. The AT will continue to provide coordinated care with the School Nurse for the duration of the injury
- C. The AT is responsible for administering post-concussion SWAY testing
 1. The initial post-concussion test will ideally be administered within 48-72 hours post-injury
 - a. Repeat post-concussion tests will be given at appropriate intervals, dependent upon clinical presentation
 2. The AT will review post-concussion test data with the athlete, the athlete's parents and Coaches
 3. The AT will forward testing results to the athlete's treating physician upon request
 4. The AT or the athlete's parents may request that a neuropsychological consultant/certified SWAY physician review the test data.
 5. The AT is responsible for monitoring recovery and coordinating the appropriate return to play activity progression
 6. The AT will maintain appropriate documentation regarding assessment and management of the injury

V. Guidelines and Procedures for Coaches: Recognize, Remove, Refer

- A. Recognize concussions—all Coaches should become familiar with the signs and symptoms of concussions that are described in section I
 1. All Coaches will complete concussion awareness training mandated by state law.
- B. Remove from activity—if a Coach suspects the athlete has sustained a concussion, the athlete should be removed from activity until evaluated medically
- C. Refer the athlete for medical evaluation—Coaches should report all head injuries to the AT as soon as possible for medical assessment and management and for coordination of home instructions and follow-up care
 1. The AT can be reached at: **Deirdre Scotter 903-262-8033 or Jennifer McCord 903-278-4316**
 - a. The AT will be responsible for contacting the athlete's parents and providing follow-up instructions
 2. Coaches should seek assistance from the host site AT if at an away contest
 3. If the AT is unavailable or the athlete is injured at an away event, the Coach is responsible for notifying the athlete's parents of the injury

- a. Contact the parents to inform them of the injury and make arrangements for them to pick the athlete up at the school
 - b. Contact an AT at the above number with the athlete's name and home phone number so that follow-up care can be initiated
 - c. Remind the athlete to report directly to the AT before school starts on the day he or she returns to school after the injury
- 4. In the event that an athlete's parents cannot be reached, and the athlete is able to be sent home (rather than directly to an MD):
 - a. The Coach or AT should insure that the athlete will be with a responsible individual, who is capable of monitoring the athlete and understanding the home care instructions before allowing the athlete to go home
 - b. The Coach or AT should continue efforts to reach the parent
 - c. If there is any question about the status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete should be referred to the emergency department for evaluation. A Coach or AT should accompany the athlete and remain with the athlete until the parents arrive

VI. Follow-Up Care of the Athlete During the School Day

- A. Responsibilities of the School Nurse after notification of student's concussion
 - 1. If the School Nurse receives notification of a student-athlete who has sustained a concussion from someone other than the AT (athlete's parents, athlete, physician) the AT should be notified as soon as possible
 - 2. Monitor the athlete as needed during the school day
- B. Responsibilities of the student's Guidance Counselor
 - 1. Recommend and assist with appropriate academic accommodations for students who are exhibiting symptoms of post-concussion syndrome
 - 2. Communicate with School Nurse or AT on a regular basis to provide most effective care for the student

VII. Return To Play (RTP) Procedures After Concussion

- A. The athlete must meet all of the following criteria in order to progress to activity:
 - 1. May begin symptom limited activity 24-48 hours post concussion that do not worsen symptoms
- B. Once the above criteria are met, the athlete will be progressed back to full activity following a stepwise process under the supervision of the AT
 - 1. Doctor's clearance and return to baseline range of SWAY tests and symptoms (or a symptom score of 10 or less when no baseline is available) will be documented before starting Phase 4.

- C.** 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 athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may progress more slowly.
- 1.** Stepwise progress for return:
- a.** Light aerobic activity—walking, stationary bike
Moderate aerobic activity—jogging
Aerobic activity, resistance training & individual sport specific training—running, sprints, weight room
Non head contact drills
Full practice
 - i.** If the athlete experiences post-concussion symptoms during any phase, the activity should stop. The athlete should drop back to the previous asymptomatic level or repeat the level the next day or after 24 hours.
 - ii.** Each phase will be in 24 hour intervals
- D.** The AT and athlete will discuss appropriate activities for the day. The athlete will be given verbal instructions regarding permitted activities
- E.** The athlete should see the AT daily for re-assessment and instructions until he or she has progressed to unrestricted activity
- F.** Before returning to game play, the AT and parent/responsible decision maker will both sign the UIL Concussion Management Protocol Return to Play Form