

# CREATING CONCUSSION POLICY

Preparation, Management and Sample Policy



## CONCUSSION MANAGEMENT IMPLEMENTATION GUIDE

An effective policy to address concussion: (a) incorporates new knowledge about concussion as a mild traumatic brain injury (MTBI), (b) requires training for all coaches, athletes, parents of athletes, and school staff about concussion management, (c) requires a signed medical release before clearance to play, (d) requires that student be symptom free before final clearance to participate, and (e) requires recommended protocols for return to activity and return to academics.

## CREATING CONCUSSION POLICY

## THE CONCUSSION MANAGEMENT TEAM

### Administrator

Administrative support is needed to change the culture around sports concussion, put systems in place to manage concussions effectively, and provide the programs necessary to return students to full activity (athletics and academics) safely.

#### ATHLETIC DIRECTOR (AD)

The Athletic Director's leadership is a crucial component of good concussion management. An AD can support coach/athlete/parent training, promote a culture of awareness, ensure the teaching of safe techniques, ensure proper and well maintained equipment, monitor appropriate incident protocols, promote good officiating, and encourage effective tracking of injuries.

## CERTIFIED ATHLETIC TRAINER (ATC)

Certified athletic trainers (ATCs) are medical experts in preventing, recognizing, managing and rehabilitating injuries that result from physical activity. The ATC works under the direction of a licensed physician and in cooperation with other health care professionals, athletic administrators, coaches, and parents.

### COACHES

Coaches play a key role in concussion management. They are responsible for pulling an athlete from competition or practice immediately after a concussion. Securing buy-in from the coaching staff is crucial to the success of the return to play protocol. Having a coach serve as the liaison between the CMT and the other coaching staff can help ensure that everyone is on board.

## SCHOOL COUNSELOR

The school counselor is the ideal point-person to inform teachers of needed learning accommodations while the student is symptomatic. They can provide information needed for making decisions about return to activity or for referring the student to more formalized supports such as 504 plans or IEPs.

SCHOOL PSYCHOLOGIST OR NEUROPSYCHOLOGIST Some schools are fortunate enough to have psychologists on staff. School psychologists can help with assessment and test results interpretation. Neuropsychologists have training to interpret more in-depth neurocognitive test results. If not a part of your staff, consider inviting a community resource to your team.



## The Importance of Parental Involvement

New research shows that young athletes are particularly vulnerable to the effects of concussion—a traumatic injury to the brain. Concussion symptoms usually clear up after a few days but may last several months. Returning to athletic practice or to a full school day before symptoms have cleared can result in prolonging recovery or risking further injury to the brain.

In recognition of the seriousness of sports concussion, the parents' role in this process is very important: (a) become informed about concussion, (b) seek medical attention for your child, (c) keep your child out of play and school if concussion symptoms are present, and (d) work with the school concussion management team to plan a safe return to school and play.

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In recognition of the seriousness of sports concussion, the parents' role in this process is very important: (a) become informed about concussion, (b) seek medical attention for your child, (c) keep your child out of play and school if concussion symptoms are present, and (d) work with the school concussion management team to plan a safe return to school and play. Each school or sports program is encouraged to create and implement a concussion management plan. Plans should be catered to each school and sport program and should support a concussed athlete and promote safe recovery. Further, each plan should adhere to guidelines consistent with current CDC recommendations. Schools and sport programs are encouraged to form a Concussion Management Team (CMT) to ensure consistent concussion care within their community.

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## THE CONCUSSION MANAGEMENT TEAM

#### SCHOOL NURSE

The school nurse works in conjunction with the athletic trainer, school faculty, counselors, and administrators, as well as the student-athlete's physician and family, to provide the best healing environment possible. In the case of a concussion, school nurses need to be able to recognize signs and symptoms, be aware of risks associated with recurrent injury, and make recommendations to student-athletes, parents, and school officials on proper care and recovery.

#### TEACHER

Teachers are critical to student success post-concussion. Teachers need to have a strong understanding of the potential cognitive, behavioral, emotional, and physical symptoms of a concussion. A CMT representative from the teaching staff can work with the student's teachers to ensure appropriate classroom accommodations.

### Parent

Consider inviting a parent leader to your team who could be influential with your booster club or athlete parent group.

#### STUDENT/ATHLETE

Empowering students to self-assess symptoms and report may be a challenge. Consider inviting an influential student-athlete to your team. Help create an atmosphere of acceptance for concussion, and encourage athletes to report a fellow athlete's symptoms.

#### TEAM MEDICAL PROVIDER

In many schools, the team medical provider is a volunteer from the community who offers services to the school at no or minimal charge. It's important that the provider your school works with is appropriately trained in the current knowledge about concussion and the recommended assessment tools. Schools may wish to designate their team medical provider as having the final say for return to play.

### HOSPITAL/COMMUNITY MEDICAL PROVIDER

An effective Concussion Management Plan results from a community-wide effort. It is important that schools and community medical providers build relationships that allow sharing of important information about concussions. Local hospitals or clinics may also be a source to help schools with funding for computerized neurocognitive baseline assessment programs, such as ImPACT.





## SAMPLE HIGH SCHOOL Concussion Management Policy

The recognition and treatment of athletes who have suffered a concussion has become a national priority. As a result of an increasing number of studies that have revealed that concussions, not properly treated, can result in permanent physical and cognitive deficits, including learning disabilities. The data also suggests that concussions can lead to the development of dementia and other long-term issues earlier than expected. These risks have led the State of Idaho to enact law (of Section 33-1625 of Idaho Code) that all school districts develop policies related to sports concussion that are consistent with the current recommendations of the U.S. Centers for Disease Control and Prevention. Additional recommendations for these policies come from the National Federation of High Schools (NFHS) and the Idaho High School Activities Association (IHSAA), among others.

Recovery from a concussion requires limitation of physical activity, especially sports activity such as practice, drills, games, and physical education classes. In significantly symptomatic athletes, mental activity should also be limited cognitively to allow the brain time to heal. These activities may include limiting assignments, quizzes and tests, allowing greater time to complete such academic tasks, and encouraging frequent breaks from cognitive stressors. In severe cases, additional accommodations may need to be made through an Individualized Education Plan (IEP) in consultation with medical professionals. Additionally, with all concussed athletes, such activities as watching TV, texting, and computer use may also slow recovery.

To better manage instances of concussion in our sports program, SAMPLE High School requires the following:

- All coaches (paid and volunteer) must complete annual training in the area of current concussion management practices and provide proof of that training to the school's athletic director. This training should include up-to-date information on the identification of concussion, the signs and symptoms associated with the injury, the risks involved with allowing athletes to continue to play while symptomatic, methods of concussion assessment, and the importance of gradual return to play practices.
- 2. Information about sports-related concussion will be provided to parents about concussion annually via the school's website and parents will be asked to provide written acknowledgement of receiving such information prior to their child(ren) being allowed to participate in any school-sponsored sport activity. These acknowledgement forms will be updated annually and kept by the school's athletic director for a period no shorter than seven (7) years.
- 3. Prior to the start of every sport season, a meeting will be held to inform parents about the risks of concussion prevalent in each sport and to help educate those parents on how to identify the signs and symptoms associated with the injury along with the potential risks involved with playing while symptomatic. Parents will also be informed about SAMPLE High School's Concussion Policy.
- 4. Prior to the start of every sport season, the athletic director will work with coaches and medical providers to educate athletes about concussion, its signs and symptoms, and potential long-term risks.
- 5. If, during a practice or game, an athlete sustains a concussion or exhibits the signs, symptoms or behaviors of the injury, that athlete must be removed from all athletic activity. That athlete may not return to any practice or game activity until he/she is evaluated by a licensed health care professional trained in the evaluation and management of concussion (i.e., physician, physician assistant, nurse practitioner, or athletic trainer). The athlete and his/her parent/guardian must provide written clearance from that provider prior to the athlete being allowed to resume physical activity. The school's athletic director will keep evidence of all written clearance forms on file for a period no shorter than seven (7) years.
- 6. Once the athlete receives written medical clearance to return to physical activity, coaches at SAMPLE High School should follow the Gradual Return to Play Protocol

Signed:	Date:		
	Principal		
Signed: _		Date:	
	Athletic Director		

STUDENT-ATHLETE C	CONCUSSION MEDICAL REFERRAL
Student-Athlete's Name:	
Date of Suspected Concussion:	Place:
Activity:	
Referred By:	Title:
Short Description of How Injury Occurred: (attach	copy of SCAT2, if completed by onsite medical professional)
Signs/Symptoms Observed or Experienced By Ath   Appeared Dazed, Stunned, or Disoriente   Forgot Plays or Demonstrates Short-Ter   Exhibited Difficulties with Balance or Coo   Answered Questions Slowly or Inaccurate   Lost Consciousness   O   How Long:   Demonstrated Behavior or Personality Composition   Was Unable to Recall Events Prior To or   Had Headache   Was Nauseous or Vomiting   Complained of Blurry Vision   Had Difficulty Remembering   Complained of Being Sensitive to Bright	nd m Memory Difficulties (e.g. is unsure of the game, score, or opponent) ordination ely hanges/Overly Emotional After the Hit
policy. If during any practice or game situation behaviors consistent with the injury, he/she must only return to physical activity if/when he/she is management of sports concussion and receives	DLLOWING RESTRICTIONS: m to Play Protocol
Signed:	Date:
Physician/Physician Assistant/Nurse Practitioner/0	Certified Athletic Trainer/Sport-Certified Physical Therapist
Print Name:	