



Concussion Management Protocol

1. Prior to the beginning of each sports season, all athletes participating in contact sports (football, soccer, basketball, softball, baseball, cheerleading, and wrestling) will have a baseline SCAT (Standardized Concussion Assessment Tool) or Impact Assessment Tool evaluation. This information will be used to assess any changes in the event a student experiences a concussion. Parents will be notified about the testing and can notify the athletic trainer (Jared Romero) if they wish to exclude their student athlete from the testing. Results of the testing will be made available to the parents on request and by email.

2. If a student sustains a possible head injury during athletics, the student is to be seen by the athletic trainer. It is the responsibility of the supervising adult to ensure that the athletic trainer is summoned or the student is taken to the athletic trainer.

3. The athletic trainer will follow the first aid protocols for a suspected head injury. The AT will also provide parents/guardians with oral and/or written instructions on observing the student for concussive complications that warrant immediate emergency care.

4. If the student sustains a possible head injury after school hours, the coach, athletic trainer or supervising adult will remove the student from the activity, follow the first aid protocols and follow the notification protocol. The supervising adult will notify the school nurse/administration on the next school day and complete the accident report.

5. The school nurse and administration will be responsible for follow-up and coordination between the student, parents, physical education teachers, coaches, athletic trainer, school physician and student's health care provider.

6. In keeping with the law, if the student is suspected to have a concussion, either based on the disclosure of a head injury, observed or reported symptoms, or by sustaining a significant blow to the head or body, the student must be removed from athletic activity and/or physical activities (e.g. PE class, recess) and may not be returned to athletic activities until he/she has been symptom-free for a minimum of 24 hours and has been

evaluate by and receives written and signed authorization to return to activities by a licensed physician, nurse practitioner or physician assistant. Due to the need for cognitive rest, a student should not be required to write a report if they are not permitted to participate in PE class by their medical provider.

7. When the student's parent has provided the physician authorization to return to activities, the athletic trainer and school nurse will review the medical provider's written clearance for the student to begin graduated physical activity. If the student is still experiencing symptoms, or if the medical history, concussion severity etc., concern the nurse, she will consult with the medical director to determine if the student is ready to return. **The Chief School Physician will make the final decision when a student will be allowed to return to physical activities.**

8. When the nurse/medical director determine it is safe for the student to return to play, the athletic trainer will be notified that the athlete can begin the return to play protocol.

9. If the student sustains a head injury in a school activity, the parents should notify the school nurse and the student will not return to physical activity until the nurse receives written and signed authorization to return to activities by the student's health care provider (licensed physician, nurse practitioner or physician assistant).

RETURN TO PLAY-ATHLETES

The law requires that students who sustain, or are suspected to have sustained a concussion during athletic activities be immediately removed from such activities. Student may NOT return to athletic activities until they have been symptom-free for a minimum of 24 hours and have been evaluated by, and receive written and signed authorization to return to activities from a licensed physician, nurse practitioner or medical professional licensed in concussion management.

Return to play following a concussion involves a stepwise progression once the individual is symptom free for at least 24 hours. There are many risks to premature return to play including: a greater risk for a second concussion because of a lower concussion threshold, second impact syndrome (abnormal brain blood flow that can result in death), exacerbation of any current symptoms, and possibly increased risk for additional injury due to alteration in balance. No student athlete should return to play while symptomatic. Students are prohibited from returning to play the day the concussion is sustained. If there is any doubt as to whether a student has sustained a concussion, it should be treated as a concussion. Once the student athlete is symptom free at rest for 24 hours without pain medication and has a signed release by the treating clinician, and has been cleared by the school nurse/school physician, she/he may begin the return to

play progression below (provided there are no other mitigating circumstances). The return to play will be supervised by the athletic trainer for student athletics. The following is the recommended return to physical activity protocol based on the Zurich Progressive Exertion Protocol:

<http://sportconcussions.com/html/Zurich%20Statement.pdf>

PHASE 1 - low impact, non-strenuous, light aerobic activity such as walking or riding a stationary bike. If tolerated without return of symptoms over a 24 hour period proceed to

PHASE 2 – higher impact, higher exertion, and moderate aerobic activity such as running or jumping rope. No resistance training. If tolerated without return of symptoms over a 24 hour period proceed to

PHASE 3 – Sport specific non-contact activity. Low resistance weight training with a spotter. If tolerated without return of symptoms over a 24 hour period proceed to

PHASE 4 – Sport specific activity, non-contact drills. Higher resistance weight training with a spotter. If tolerated without return of symptoms over a 24 hour period proceed to

PHASE 5 – Full contact training drills and intense aerobic activity. If tolerated without return of symptoms over a 24 hour period proceed to

PHASE 6 – Return to full activities without restrictions.

Each step should take 24 hours so that an athlete would take approximately one week to proceed through the full rehabilitation protocol once they are asymptomatic at rest and with provocative exercise. If any post concussion symptoms occur while in the stepwise program, then the student should drop back to the previous asymptomatic level and try to progress again after a further 24-hour period of rest has passed. If a student is not progressing or there is an indication of a more serious head injury, the athletic trainer will notify physician and or PA.