

John Paul II Catholic High School

Concussion Management Policy



John Paul II (JPII) Catholic High School is committed to providing quality health care services for all student-athletes and recognizes the importance of the implementation of a concussion policy including; a comprehensive medical approach for diagnosis, treatment, and return to academic and athletic activities. Concussions will be treated on an individual basis as each concussion presents differently. In order to provide the best health care, the athletic trainer will implement policies and procedures to identify athletes with potential concussions.

Education

Concussion education will be presented to student-athletes prior to their mandatory annual Concussion Vital Signs Baseline test. There will be an annual parent meeting, as well as an annual coaches meeting, to discuss concussion education. Parents and student-athletes are required to read and sign a Concussion Vital Signs Assessment Permission Form and Gfeller-Waller Concussion Statement Form.

Roles and Responsibilities

The athletic trainer will have the unchallengeable authority to determine management and return-to-play of any student-athlete, as they deem appropriate by following the standard of care for best practice.

The team physician or medical doctor will be utilized to assist with the diagnosis of the concussion as well as the return-to-play and return-to-learn protocols.

The coaches are required to carry their coaches' handbook for all athletic activities, which includes the concussion protocol.

Management of a Suspected Concussion

If a play is witnessed which appears to potentially have caused a concussion, or when a student-athlete exhibits signs or symptoms consistent with a concussion, the student-athlete must be removed from play. In the absence of the athletic trainer, the athlete must remain removed from play until the athletic trainer is able to evaluate the student-athlete. In the presence of the athletic trainer, the initial sideline evaluation will include the Pocket Concussion Recognition Tool. At the earliest convenience, the athletic trainer will complete a Sports Concussion Assessment Tool 5 (SCAT 5) with the athlete. Based on the clinical assessment of the injury, any student-athlete suspected with a concussion must be removed from play for the remainder of the day and continuously monitored for concussion signs and symptoms.

The venue specific Emergency Action Plan, including transportation for further medical care will be activated for any of the following:

- Prolonged loss of consciousness
- Neurological deficit suggesting intracranial trauma
- Repetitive vomiting
- Persistent/worsening mental status or other neurological signs/symptoms
- Spinal injuries

Any student-athlete with a suspected concussion and respective parents will be educated by the athletic trainer and given a concussion take home sheet with important information to read and refer to.

The athlete will be referred to the team physician or appropriate medical doctor to be seen for a concussion evaluation. Once the student-athlete has been cleared by the physician and is symptom-free for 24 hours, the athletic trainer will begin a gradual return to play as outlined below. Following completion of the return to play protocol, the student-athlete must take the Concussion Vital Signs Post-Injury test and achieve a score consistent to their baseline, which will be approved by the team physician.



NCHSAA Concussion Return to Play Protocol

*The **NCHSAA Concussion Return to Play (RTP) Protocol** is **REQUIRED** to be completed in its entirety for any concussed student-athlete before they are released to resume full participation in athletics. A step-by-step progression of physical and cognitive exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and that a student-athlete can return to athletics safely. The **NCHSAA Concussion (RTP) Protocol** has been designed using this step-by-step progression.

*The **NCHSAA Concussion (RTP) Protocol** can be monitored by any of the following Licensed Health Care Providers (LHCP): Licensed Physician (MD/DO), Licensed Athletic Trainer, Licensed Physician Assistant, Licensed Nurse Practitioner, or a Licensed Neuropsychologist. A First Responder may monitor the RTP Protocol if a LHCP is unavailable.

*After monitored completion of each stage without provocation/recurrence of signs and/or symptoms, a student-athlete is allowed to advance to the next stage of activity. The length of time for each stage is at least 24 hours.

Name of Student- Athlete: _____ Sport: _____ Male/Female

DOB: _____ Date of Injury: _____ Date Concussion Diagnosed: _____

STAGE	EXERCISE	GOAL	DATE COMPLETED	COMMENTS	MONITORED BY
1	20-30 min of cardio activity: walking, stationary bike.	Perceived intensity/exertion: Light Activity			
2	30 min of cardio activity: jogging at medium pace. Body weight resistance exercise (e.g. push-ups, lunge walks) with minimal head rotation x 25 each.	Perceived intensity/exertion: Moderate Activity			
3	30 minutes of cardio activity: running at fast pace, incorporate intervals. Increase repetitions of body weight resistance exercise (e.g. sit-ups, push-ups, lunge walks) x 50 each. Sport-specific agility drills in three planes of movement.	Perceived intensity/exertion: Hard Activity, changes of direction with increased head and eye movement			
4	Participate in non-contact practice drills. Warm-up and stretch x 10 minutes. Intense, <u>non-contact</u> , sport-specific agility drills x 30-60 minutes.	Perceived intensity/exertion: High/Maximum Effort Activity			
First Responder Verification	If the RTP Protocol has been monitored by a First Responder (FR) then the FR must sign below attesting that they have reviewed the progress of this student-athlete (S-A) through stage 4 electronically, by phone, or in person with the Licensed Health Care Provider (LHCP) and that the S-A was cleared by the LHCP to complete stage 5. FR Signature: _____ Date: _____				
5	Participate in full practice. If in a contact sport, controlled contact practice allowed.				
LHCP signs RTP Form	The LHCP overseeing the student-athlete's (S-A) care is notified that the S-A remained asymptomatic after stage 5 was completed. The Return to Play (RTP) Form MUST be signed before the S-A is allowed to resume full participation in athletics. If signs or symptoms occur after stage 5 the S-A MUST return to the LHCP overseeing the S-A's care.				

The individual who monitored the student-athlete's (RTP) Protocol MUST sign and date below when stage 5 is successfully completed.

By signing below, I attest that I have monitored the above named student-athlete's return to play protocol through stage 5.

Signature of Licensed Physician, Licensed Athletic Trainer, Licensed Physician Assistant,
Licensed Nurse Practitioner, Licensed Neuropsychologist, or First Responder (Please Circle)

Date

Please Print Name