

## **Policy**

Medical management of sports-related concussion is evolving. In recent years there has been significant amount of research into sports-related concussions in high school athletes. The Clinton Board of Education supports the development and implementation of a concussion education and management plan for The Morgan School's athletic program. Any student who participates in inter-scholastic athletics must participate in the School's Concussion Management Plan and undergo a baseline assessment prior to any participation in inter-scholastic athletics, including "try outs." Normally, baseline assessment needs only occur once during the high school years. In addition, an athlete who suffers a concussion of any magnitude during athletic activity must undergo follow-up assessment(s) prior to being permitted to return to play.

The Board directs the Superintendent to develop and implement appropriate regulations and protocols for a Concussion Education and Management Plan for The Morgan School's athletic program.

## **Regulation**

The Morgan School seeks to provide a safe return to activity for athletes after injury, particularly after a concussion. In order to effectively and consistently manage these injuries, these procedures are developed to aid in insuring that concussed athletes are identified, treated appropriately, receive appropriate follow-up care, and are safely recovered prior to returning to activity.

### **I. Training**

All athletic department staff (excluding secretarial/clerical), including the school nurse, will attend annual training in which sports-related concussion is discussed. This training shall include the following topics, at a minimum:

- A. Recognition of concussion,
- B. Management and referral procedures for the various staff members,
- C. Follow-up care during the school day,
- D. Return-to-play procedures,
- E. Background information
  1. Definition of Concussion
  2. Concussions in high school athletes
  3. Post-Concussion syndrome
  4. Cognitive rest and recovery
  5. Concussion scales and guidelines
  6. *ImPACT*: Neuropsychological testing
- F. Use of approved forms and information sheets

### **II. Management and Referral Guide for Athletic Program Staff**

- A. Any athlete with witnessed loss of consciousness (LOC) of any duration should be spine-boarded and transported immediately to the nearest emergency facility or to emergency facility designated by parent via emergency vehicle.
- B. Any athlete who has symptoms of a concussion and who is not stable (i.e. condition is changing or deteriorating) is to be transported to the nearest emergency facility or to emergency facility designated by parent via emergency vehicle.
- C. An athlete who exhibits any of the following symptoms should be transported immediately to the nearest emergency facility or to emergency facility designated by parent via emergency vehicle:
  - 1. Deterioration of neurological function,
  - 2. Decreasing level of consciousness,
  - 3. Decrease or irregularity in respiration,
  - 4. Decrease or irregularity in pulse,
  - 5. Unequal, dilated, or unreactive pupils,
  - 6. Any sign or symptom of associated injuries, spine or skull fracture, or bleeding,
  - 7. Mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation,
  - 8. Seizure activity, or
  - 9. Cranial nerve deficits.
- D. Any athlete who is symptomatic but stable may be transported by the athlete's parent. The parent should be advised to contact the athlete's primary care physician or seek care at the nearest emergency care facility on the day of injury.
- E. Even if a condition(s) stated in II.A, B or C, above, is(are) not present, give the parent the option of emergency transportation even if you do not feel that it is necessary.

### III. Procedures for Staff

- A. Athletic Trainer (AT), Coach, Athletic Director or Nurse
  - 1. Assess the injury or provide guidance to the coach if unable to personally attend to the athlete.
    - a. Immediate refer to the athlete's primary care physician or to the nearest emergency facility or to emergency facility designated by parent when medically appropriate as indicated in Section II.
    - b. Perform serial assessments following the recommendations in the N----- A----- T----- A----- (NATA) Statement and utilize the Sports Concussion Assessment Tool (SCAT) as recommended in the Prague Statement.
    - c. Notify the parent(s) and give written and verbal home care instructions, as well as follow-up instructions. (Appendix MM)

2. Notify the school nurse or the injury no later than the beginning of the next school day so that the nurse can initiate appropriate follow-up in school, upon the athlete's return.
3. Administer or arrange for the administration of post-concussion *ImPACT* testing.
  - a. Initiate post-concussion testing within 48-72 hours of injury, whenever possible.
  - b. Repeat post-concussion tests at appropriate intervals, dependent upon clinical presentations.
  - c. Maintain records for all post-concussion testing and forward results to the athlete's physician, if requested by parent(s).
  - d. Review post-concussion testing data with the athlete and parent(s).
  - e. Monitor the athlete and keep the school nurse informed of the athlete's symptomatology and neurocognitive status for the purpose of developing or modifying an appropriate health care plan for the athlete.
  - f. Monitoring recovery and coordinating the appropriate return-to-play activity progression.
  - g. Maintain appropriate documentation regarding assessment and management of the injury.
4. During the first year of this program, Neuropsychologists at the University of Pittsburgh Medical Center will be utilized for consultation at no cost to the parent. If the parent requests a different neuropsychologist, it will be at their expense.

## B. Coaches

1. **RECOGNIZE CONCUSSION**
  - a. All Coaches must become familiar with the signs and symptoms of concussion that are described in Section II, above, and shall follow the established regulations and protocols.
  - b. The coach, or designee, must initiate very basic cognitive testing to determine cognitive deficits. See Appendix NN.
2. **REMOVE FROM ACTIVITY**

If the coach suspects that an athlete has sustained a concussion, he should remove the athlete from the activity until evaluated. Any athlete who exhibits signs or symptoms of a concussion should be removed immediately, assessed, and should not be allowed to return to activity that day.
3. **REFER FOR ASSESSMENT**
  - a. Report all head injuries to the Athletic Trainer or the Athletic Director for assessment, management, coordination of home instructions and follow-up.
  - b. Seek assistance from the host site Athletic Trainer if at an away activity.

- c. If the Athletic Trainer or Athletic Director is unavailable or the athlete is injured at an away event and is not transported to an emergency facility, the coach is responsible for notifying the athlete's parents of the injury.
  - (1) Contact the parents to inform them of the injury and make arrangements for them to pick up the athlete at school.
  - (2) Contact the Athletic Trainer or Athletic Director with the athlete's name and home phone number so that follow-up can be initiated.
  - (3) Provide a home instruction sheet to the athlete. It is suggested that coaches carry copies of the instruction sheet with the team's equipment.
  - (4) Remind the athlete to check-in with the school nurse before school starts on the day the athlete returns to school after the injury.
- d. In the event that an athlete's parents cannot be reached, and the athlete is able to be sent home (rather than directly to the Physician):
  - (1) Insure that the athlete will be with a responsible adult who is capable of monitoring the athlete and understanding the home care instructions before allowing the athlete to go "home."
  - (2) Continue efforts to reach the parent.
  - (3) If there is any question about the status of the athlete, of if the athlete is not able to be monitored appropriately, the athlete should be referred to an emergency facility for evaluation. A coach, the athletic trainer, the athletic director, a school staff member, or, as a last resort, a responsible adult should accompany the athlete and remain with the athlete until the parent arrives.
  - (4) Do not permit athlete's with suspected head injuries to drive "home."

### C. NURSE

- 1. Notify the student's guidance counselor of the injury asap.
- 2. Notify the student's P.E. teacher asap that the student is restricted from all physical activity until further notice.
- 3. Re-evaluate the athlete utilizing the modified GSC.
- 4. Provide a health plan based on both the athlete's current condition and the initial injury information provided by school personnel or the parent.
- 5. If the nurse receives notification from someone other than the athletic trainer, athletic director, or coach, the nurse must notify the athletic trainer and/or the athletic director asap so that appropriate follow-up arrangements can be initiated.

6. Monitor the athlete during the school day.

D. GUIDANCE COUNSELOR

1. Notify the student's teachers that the student has sustained a concussion and will be returning with a health plan.
2. Monitor the student and recommend appropriate academic accommodations for the student who is exhibiting symptoms of post-concussion syndrome.

IV. RETURN TO PLAY (RTP) PROCEDURES

A. On same day of injury

1. An athlete who exhibits signs or symptoms of concussion, or has abnormal cognitive testing, should not be permitted to return to play on the day of the injury. An athlete who denies symptoms but has abnormal sideline cognitive testing must be held out of activity.
2. When in doubt, hold the athlete out.

B. After Concussion

1. The athlete must meet all of the following criteria in order to return to activity:
  - a. For the athlete who was not required to be sent to an emergency facility
    - (1) Asymptomatic at rest and with exertion
    - (2) Within normal range of baseline on post-concussion ImPACT testing
  - b. For the athlete who was required to be sent to an emergency facility OR for an athlete who has had more than one known concussion
    - (1) Asymptomatic at rest and with exertion
    - (2) Within normal range of baseline on post-concussion ImPACT testing
    - (3) Has written clearance from primary care physician or specialist (clearance cannot be by emergency room physician)
2. Once the above criteria are met, the athlete will progress back to full activity following a step-wise process, as recommended by both the Prague and NATA Statements, under the supervision of the coach in conjunction with the athletic trainer.
3. Step-wise progress as described in the Prague Statement:
  - a. No activity – do not progress to step b until asymptomatic
  - b. Light aerobic exercise – walking, stationary bike, etc.
  - c. Sport-specific training (running in most sports)
  - d. Non-contact training drills
  - e. Full-contact training after medical clearance
  - f. Game play

Note: if the athlete experiences post-concussion symptoms during any step, the athlete should drop back to the previous asymptomatic step and resume the progression after 24 hours.

4. Progress 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, and extended duration of symptoms, or is participating in a collision or contact sport should be progressed more slowly.
5. The \_\_\_\_\_ and the athlete will discuss appropriate activities for the day. The athlete will be given verbal and written instructions regarding permitted activities. The \_\_\_\_\_ and the athlete will sign these instructions with one copy given to the athlete to give to the coach and the other to be maintained by the \_\_\_\_\_.
6. The athlete must be in contact with the \_\_\_\_\_ on a daily basis until the athlete has progressed to unrestricted activity (game play) and received a written release from the \_\_\_\_\_.

C.