

ADMINISTRATIVE REGULATION

APPROVED: September 13, 2016

REVISED:

CENTENNIAL SCHOOL DISTRICT

123.1-AR-0. SPORTS-RELATED CONCUSSION/MILD TRAUMATIC BRAIN INJURY

This document is presented as a guide and model by the Brain Injury Association of Pennsylvania. Additional provisions or protocols may be added to address local issues and priorities.

Student athletes who are exhibiting any of the signs or symptoms of a sports-related concussion or other head injuries during practice or competition shall be immediately removed from play and may not return to play until s/he is evaluated and cleared for return to participation in writing by an appropriate medical professional. Some of the signs and symptoms are as follows:

Signs Of Concussion

(Could be observed by Coaches, Athletic Trainer, School/Team Physician, School Nurse, Physical Therapist).

The signs of a concussion include:

1. Appears dazed, stunned, or disoriented, demonstrates decreased alertness.
2. Forgets plays, or demonstrates short-term memory difficulty.
3. Slurs words.
4. Exhibits difficulties with balance or coordination.
5. Answers questions slowly or inaccurately.
6. Exhibits seizures or vomiting.
7. Changes in level of consciousness. (Estimates are that <10% of concussions result in the loss of consciousness).

Symptoms Of Concussion

(Reported by the student athlete to Coaches, Athletic Trainer, School/Team Physician, School Nurse, Parent/Guardian, Physical Therapist).

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The symptoms of a concussion include:

1. Headache.
2. Nausea.
3. Balance problems or dizziness.
4. Double vision or changes in vision.
5. Sensitivity to light or sound/noise.
6. Feeling sluggish or foggy.
7. Difficulty with concentration and short-term memory.
8. Sleep disturbance.
9. Irritability or changes in personality and behavior.

Once a student athlete has been removed from competition or practice because of signs or symptoms of a concussion, the following Concussion Management Protocol must be implemented:

1. Emergency medical treatment should be pursued if there is a deterioration of symptoms including seizure, altered level of consciousness, vomiting, altered pupillary findings, or direct neck pain associated with the injury.
2. All appropriate school officials should be notified of the event, including the school physician, Athletic Trainer, Physical Therapist, Athletic Director/Building Administrator, school nurse, school psychologist, school counselor and all of the student's teachers.
3. School officials must make contact with the student athlete's parent/guardian and inform him/her of the suspected sports-related concussion or head injury.
4. School officials shall provide the student athlete and his/her parent/guardian with information on the continuing care of a person with concussion. This material is available through the Pennsylvania Departments of Health or Education, or the Centers for Disease Control and Prevention (www.cdc.gov).
5. When appropriate, a referral should be made to the regional BrainSTEPS Team. This team will consult with school teams and families in the development and delivery of educational services for the student who has suffered a concussion.
6. The student athlete must be evaluated by an appropriate medical professional who is trained in the evaluation and management of concussions.

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7. The student athlete must receive written clearance from an appropriate medical professional, trained in the evaluation and management of concussions, that states the student athlete is asymptomatic at rest and may begin a graduated return-to-play protocol.

Complete physical, cognitive, emotional, and social rest is advised while the student athlete is experiencing symptoms and signs of a concussion/traumatic brain injury. Minimize mental exertion, limit overstimulation, limit cell phone or computer usage, testing, video gaming, multi-tasking, etc.

Return To Play

After written medical clearance is given by an appropriate medical professional, the student athlete may begin a graduated individualized return-to-play protocol supervised by an athletic trainer or Licensed Physical Therapist, school/team physician or in cases where the aforementioned are not available, a physician or licensed health care provider trained in the evaluation and management of sports-related concussions.

The following graduated return to play protocol should be followed:

1. Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without re-emergence of any signs or symptoms. If no return of symptoms, next day advance to:
2. Light aerobic exercise, which includes walking, swimming, or stationary cycling, keeping the intensity < 70% maximum predicted heart rate: no resistance training. The objective of this step is increased heart rate. If no return of symptoms, next day advance to:
3. Sport-specific exercise including skating, and/or running; no head impact activities. The objective of this step is to add movement and continue to increase heart rate. If no return of symptoms, next day advance to:
4. Noncontact training drills (e.g., passing drills). The student athlete may initiate progressive resistance training. If no return of symptoms, next day advance to:
5. Participation in normal training activities. The objective of this step is to restore confidence and to assess functional skills by the coaching staff. If no return of symptoms, next day advance to:
6. Return to play involving normal exertion or game activity.

If concussion symptoms recur during the graduated return-to-play protocol, the student athlete will return, at a minimum, to the previous level of activity that caused no symptoms, and the attending physician should be notified.

Utilization of standardized tools such as symptom checklists, and comparison of postinjury performance to preseason baseline cognitive, and balance testing are suggested.

Return To Classroom

Temporary learning support accommodations may be needed for student athletes with sports-related head injuries to return to the classroom.

Rest is the best “medicine” for healing concussions or other head injuries. The concussed brain is affected in many functional aspects as a result of the injury. Memory, attention span, concentration and speed of processing significantly impact learning. Further, exposing the concussed student athlete to the stimulating school environment may exacerbate symptoms and delay the resolution of symptoms needed for recovery. Accordingly, consideration of the cognitive effects in returning to the classroom is also an important part of the treatment of sports-related concussions and head injuries.

Students who return to school after a concussion may need to:

1. Take rest breaks as needed.
2. Spend fewer hours at school (have a shortened school day).
3. Be given more time to take tests or complete assignments. (All courses should be considered).
4. Receive help with schoolwork (pre-teaching, outlines, note taker, etc).
5. Reduce time spent on the computer, reading, and writing.
6. Be granted early dismissal from each class to avoid crowded hallways.
7. No standardized testing (PSSA, SAT, etc.) during the initial recovery window of two (2) to four (4) weeks.

In Pennsylvania, BrainSTEPS teams are available to virtually any secondary school in the Commonwealth. These teams have been developed by the Brain Injury Association of Pennsylvania with funding from the Pennsylvania Department of Health and the Department of Education. BrainSTEPS teams are designed to support the staff, student, and parents/guardians in a return to school after a brain injury. These teams work with all parties to identify and implement appropriate accommodations and modifications to manage the student’s symptoms and to support their learning needs throughout their secondary school career.

The school (teachers, school counselors, school nurse, etc.) and family should monitor the performance of the student closely for two (2) weeks after the return to school. If the return to the classroom causes concussion symptoms to re-occur or if the student demonstrates uncharacteristic performance (reduced attention span, inability to take tests, acting out in class, etc.), the school should initiate a formal referral to the local BrainSTEPS team (www.brainsteps.net).

It has been widely established that baseline neurocognitive testing is a valuable tool in assisting trained sports medicine clinicians in making return to play decisions. It is recommended that schools utilize this testing.

**RESOURCES ON INTERSCHOLASTIC SPORTS-RELATED CONCUSSIONS AND
HEAD INJURIES**

Internet Resources

Centers for Disease Control and Prevention – Concussion Toolkit.

http://www.cdc.gov/concussion/HeadsUp/physicians_tool_kit.html

<http://www.cdc.gov/concussion/headsup/pdf/ACE-a.pdf>

http://www.cdc.gov/concussion/headsup/pdf/ACE_care_plan_school_version_a.pdf

http://www.cdc.gov/concussion/headsup/pdf/Concussion_in_Sports_palm_card-a.pdf

National Federation of State High Schools Association-Online “Concussion in Sports” training program.

www.nfhs.org

Brain Injury Association of Pennsylvania (BIAPA).

www.biapa.org

Pennsylvania Athletic Trainers Society (PATS).

www.gopats.org

National Collegiate Athletic Association (NCAA).

www.NCAA.org/health-safety

Pennsylvania Interscholastic Athletic Association (P.I.A.A.).

www.piaa.org

Pennsylvania Physical Therapy Association (PPTA).

www.ppta.org

Articles

“Consensus Statement on Concussion in Sport: 3rd International Conference on Concussion in Sport held in Zurich, November 2008”. Clinical Journal of Sports Medicine. Volume 19, May 2009, pp. 185-200.

Halstead ME, Walter, KD and the Council on Sports Medicine and Fitness, Clinical Report: “Sport-related Concussion in Children and Adolescents.” Pediatrics. Volume 126, September 2010, pp. 597-615.

McGrath, N. “Supporting the Student/athlete’s Return to the Classroom After a Sport-related Concussion.” Journal of Athletic Training. 2010; 45(5): 492-498.

Kutcher, J. & Eckner, J. (2010). At-risk Population in Sports-related Concussion. Current Sports Medicine Reports, 9(1), 16-20.

Grady, M. (2010). Concussion in the Adolescent Athlete. Current Problems in Pediatric And Adolescent Health Care. 40(7), 154-169.

SECTION 3: UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way a student's brain normally works.
- Can occur during Practices and/or Contests in any sport.
- Can happen even if a student has not lost consciousness.
- Can be serious even if a student has just been "dinged" or "had their bell rung."

All concussions are serious. A concussion can affect a student's ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most students with a concussion get better, but it is important to give the concussed student's brain time to heal.

What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, **one or more** of the symptoms listed below may become apparent and/or that the student "doesn't feel right" soon after, a few days after, or even weeks after the injury.

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| <ul style="list-style-type: none"> • Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Bothered by light or noise | <ul style="list-style-type: none"> • Feeling sluggish, hazy, foggy, or groggy • Difficulty paying attention • Memory problems • Confusion |
|--|---|

What should students do if they believe that they or someone else may have a concussion?

- **Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents.** Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.
- **The student should be evaluated.** A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.
- **Concussed students should give themselves time to get better.** If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free.

How can students prevent a concussion? Every sport is different, but there are steps students can take to protect themselves.

- Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be:
 - The right equipment for the sport, position, or activity;
 - Worn correctly and the correct size and fit; and
 - Used every time the student Practices and/or competes.
- Follow the Coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If a student believes they may have a concussion: Don't hide it. Report it. Take time to recover.

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Student's Signature _____ Date ____/____/____

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Parent's/Guardian's Signature _____ Date ____/____/____