Students

Administrative Procedures – Student Concussions and Head Injuries Suffered While Participating in District 214 Approved Activities and Athletics

Head Injury Care and Return to Play Guidelines

Head injuries are much different than injuries to other parts of the body, and therefore need to be treated in a different manner. Scientific studies show that brain injuries in children and adolescents take longer to heal than those same injuries in adults.

The following are guidelines that are to be followed when an athlete incurs a head injury.

Signs/Symptoms of a Concussion (Include but are not limited to):

If an athlete shows **any** of the following signs, the athlete should NOT return to play and an additional evaluation will be performed.

Coach/parent observes these signs:	Athlete reports these symptoms:
Confusion; forgetfulness (forgets plays, forgets events prior to and/or after a hit or fall); Moves clumsily; balance problems; Answers questions slowly or repeats same comments or questions; Shows behavior/personality changes (irritability, depression, nervousness, anxiety, sadness); Drowsiness; Loss of consciousness, even temporarily; Amnesia	Headache; pressure in head; Neck pain; Sensitivity to light/noise Feels sluggish, foggy and/or dizzy Double or fuzzy vision; Nausea or vomiting; Tinnitus (ringing in the ear); Concentration or memory problems; Change in sleep patterns; fatigue or low energy

On-field or Sideline Evaluation

The athlete will be evaluated onsite following the emergency action plan as stipulated by the National Athletic Trainers' Association.

IF no Athletic Trainer is available, the athlete will not return to practice or play. The coach will decide if 911 should be called. The parent(s) should be called and informed of their child's condition. If 911 is called, an athletic administrator should be-contacted immediately.

The player is not to be left alone following the injury. Monitoring of the athlete for deterioration is essential over the initial few hours following the injury.

The Athletic Trainer and/or the Team Physician (if available) must determine the appropriate disposition of the athlete.

Post Injury Care Guidelines

Prior to returning to ANY physical activity (including Physical Education class) the athlete must report to the Athletic Trainer for further evaluation. The athlete should not participate in any physical activity until cleared by the athlete's medical care team.

The athlete should receive as much cognitive rest as possible while symptomatic. Limiting television, video games, text messaging and other cognitive activities is highly recommended.

School and classroom work may need to be modified as well for the duration of the injury to accommodate cognitive rest. Academic accommodations may be necessary on an individualized basis

District 214 Certified Athletic Trainers will use the ImPACT neurocognitive screening tool to evaluate an athlete's post-injury status. (For more information on this program, please go to www.impacttest.com.) This test will be administered under the direction of a Certified Athletic Trainer according to the prescribed protocol, which has been described below.

ImPACT Post-Injury: The athlete will be given the ImPACT test post injury-and these scores will be compared to specific athlete's baseline scores OR normative data if baseline is not available. The Athletic Trainer will notify the coach(es), parents, and the school nurse of the status of the athlete. The ImPACT report, in conjunction with the athlete's medical care team's assessment (which may include appropriate athlete-specific OR normative ImPACT scores) will determine that the athlete may begin the following graduated return-to-play program with these considerations

Return To Play Plan and Guidelines

After an athlete is diagnosed with a concussion, the RTP progression should not start until he or she no longer reports concussion-related symptoms, has a normal clinical examination, and performs at or above pre-injury levels of functioning on all objective concussion assessments.

* Each stage in the following plan will be separated by a minimum of 24 hours.
* An athlete may not move on to the next stage of the sequence if symptoms return.

- **Stage 1:** No Activity. Complete physical rest from time of injury until asymptomatic following injury.
  Stage 2: Light aerobic exercise to increase heart rate and blood pressure in the brain. Heart rate to remain below 70% of age-predicted maximum.
  Stage 3: Perform moderate to heavy cardio and/or sport specific drills without the threat of contact from others.
  Stage 4: Noncontact training involving others, resistance training.
  Stage 5: Unrestricted Training
  Stage 6: Return to play

If the athlete has symptoms during any of the above steps, then the process returns to the previous step with a minimum of 24 hours of rest before resuming the sequence.

- **For a list of physicians familiar with concussion management programs and neurocognitive testing, please contact your Certified Athletic Trainer.**

The following Resources were consulted in the creation of these guidelines:

"Concensus Statement on Concussion in Sport – The 4th International Conference on Concussion in Sport Held in Zurich, November 2012"; The British Journal of Sports Medicine, 2013, 47:250-258.

"National Athletic Trainers' Association Position Statement: Management of Sport Concussion"; *The Journal of Athletic Training, April 2014, Vol 49 No. 2: 000-000.*

Created October 2009 *Revised 2/4/10*
Final Approval by District 214 SLT and APSA DLT – May 21, 2010 *Revised 4/2/14*