

2012

South Sioux City
School District

**SOUTH SIOUX CITY
SCHOOL DISTRICT
CONCUSSION MANAGEMENT
EDUCATIONAL PROGRAM &
PROTOCOLS**

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South Sioux City School District Concussion Management Policy

I. Definition of a concussion:

A concussion is a disturbance in brain function that occurs following either a blow to the head or as a result of the violent shaking of the head.

II. Education:

A. Parents/Student-Athletes

Prior to the start of the athletic season, all student athletes and their parents will have access to educational information regarding concussions.

The information will include:

- Signs and symptoms of a concussions
- Risks posed by sustaining a concussion
- Actions that should be taken in response to sustaining a concussion
- A waiver form indicating that the parents have read the information as well as reviewed it with their son or daughter. The form must be signed and returned before the athlete can participate in athletic contests
- A consent form giving permission to the athletic trainer the ability to discuss the student-athlete's concussion with the appropriate guidance counselor or teachers.
- A presentation providing information on concussions will be shown, by the athletic trainer or coach, to student-athletes and their parents or guardians prior to the beginning of each athletic season providing information regarding concussions.

All information and forms that are to be distributed are located in the Appendix

B. Coaches (staff or volunteer)

Online education classes for all head and assistant coaches needs to be completed prior to the beginning of the sports season the coach is involved in each school year. This includes all volunteer coaches. Each coach will be required to complete the online course only one time per year.

III. Neurocognitive Test

ImPACT concussion testing is a computer based, neurocognitive exam designed specifically for the management of sports related concussions. It is more sensitive to brain function than the pencil and paper tests.

All high school and middle school student athletes that participate in football, boys basketball, girls basketball, boys soccer, girls soccer, and wrestling will take the ImPACT test and establish a baseline test prior to the start of their sports season. Once the student athlete has been tested the test will be valid for all sports that the student athletes participate in the entire academic school year. Each student athlete will be tested to establish a new baseline at two year intervals (freshman and junior year).

A new student athlete at the school will be baseline tested prior to the start of the sport that they will be joining if it falls into one of those designated for testing.

All of the remaining student athletes who are participating in the different sports offered by South Sioux City High School will be ImPact tested if a concussion is suspected. The value of the ImPact test will be compared to the national average on the database.

After the designation of a concussion the student-athletes will be tested when they complete the return to learn protocol. If their post injury testing is not at baseline levels, they will be tested again in 48 hours.

IV. Acute Injury Assessment

(On field or training room management)

- Sideline or training room evaluation will be done by the appropriate health care professional (certified athletic trainer, a medical doctor or neurologist)
- **If a concussion is suspected by a coach or athletic trainer, the student-athlete will be removed from the practice or game.** An individual does not have to display all of the signs or symptoms to be assessed as a concussion.
- **Any athletes that reports having a headaches as a direct result of the activity they are participating in (mechanism of injury is involved) will be removed from the said activity for the remainder of that day. The student athlete will not return to participation for a period of 24 hours whether assessed as a concussion or not, unless a health care professional clears them to return to play.**
- If the athletic trainer is not available to evaluate a student athlete exhibiting signs of a concussion during a practice or event, than the coach will be responsible to give the parent a concussion information sheet and refer that person to an appropriate health care professional (athletic trainer, medical doctor, or neurosurgeon) at earliest convenience.
- Possible signs and symptoms that result from a concussion are listed below.

Signs (observed by examiner)

- Appears to dazed or stunned
- Confusion
- Moves Clumsily
- Loss of consciousness
- Behavior/personality changes
- Forget events prior to injury (Retrograde amnesia)
- Forget events after injury (Anterograde amnesia)

Symptoms (reported by athlete)

- Headache
- Nausea
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light
- Tinnitus (ringing in ears)
- Feeling “foggy”
- Concentration or memory issues
- Change in sleep pattern
- Feeling fatigued

V. Designation of a Concussion

- Upon identification of a concussion the student athlete will be placed in the concussion management protocol as set up by the South Sioux City School District.
- Student athletes who have been assessed as having a concussion will be encouraged to seek consultation with the family's choice of a primary care physician or a neurologist at their earliest convenience.
- IMPACT testing will be conducted when the athlete is asymptomatic and has completed the Return to Learn portion of the SSC Concussion Management protocol.
- A post concussion information sheet will be given to the student-athlete and or parent, which provides information regarding concussions, suggestions for treatment and information regarding their specific injury.
- The post concussion information sheet and the release of health information sheet needs to be returned and signed by the parent or guardian of the injured student athlete.
- A phone call will be placed by the athletic trainer or coach to the parent/guardian informing them of the date and time of the student athlete's injury.
- If a concussion is identified by a health care professional (athletic trainer, medical doctor, neurologist) at an away athletic contest, the head coach for that activity will assume responsibility of notifying the South Sioux City High School athletic trainer and the parents of the student athlete of the injury. The injured athlete must be evaluated by a health care professional (athletic trainer, medical doctor, or neurologist) to determine appropriate care before athlete is allowed to return to practice.
- Athletes with a concussion will report to the certified athletic trainer (ATC) for continued monitoring as need specified by the ATC.
- South Sioux City High School ATC will have the final authority to progress the athlete through the concussion management program and release to full activity as warranted by return to activity policy after cleared by a physician.
- A concussion management return to play protocol will be filled out and for each student-athlete (Appendix)
- Email will be sent to the guidance counselor of the student athlete so that they may inform the teachers of that student-athlete's injury and progress into the Return to Learn Protocol.
- Written permission form must be signed by both parents/guardian and health care professional and returned to the athletic trainer before clearing the athletes to begin the concussion management return to play protocol

VI. A Return to Learn Protocol

Progression is individual. All concussions are different. Students may start at any of these steps, depending on symptoms, and may remain at a step longer if needed. If symptoms worsen, the CMT should reassess. If symptoms quickly improve, a student may also skip a step or two. Be flexible!

Steps	Progression	Description
1	HOME-Cognitive and Physical rest	<ul style="list-style-type: none"> ➤ Stay at home ➤ No driving ➤ Limited mental exertion-computer, texting, video games and homework
2	HOME-Light Mental Activity	<ul style="list-style-type: none"> ➤ Stay at home ➤ No driving ➤ Up to 30 minutes mental exertion ➤ No prolonged concentration

Progress to Step 3 when student athlete handles up to 30 minutes of sustained mental exertion without worsening of symptoms.

3	SCHOOL – Part Time <ul style="list-style-type: none"> ➤ Maximum Adjustments ➤ Shortened day/schedule ➤ Built in breaks 	<ul style="list-style-type: none"> ➤ Provide quiet place for scheduled mental rest ➤ Lunch in quiet environment ➤ No significant classroom or standardized testing ➤ Modify rather than postpone academics ➤ Provide extra time, help and adjustment of assignments
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Progress to Step 4 when student athlete handles 30-40 minutes of sustained mental exertion without worsening of symptoms.

4	SCHOOL – Part Time Maximum Adjustments Shortened day/schedule	<ul style="list-style-type: none"> ➤ No standardized testing ➤ Modified classroom testing ➤ Moderate decrease of extra time, help and modification of assignments
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Progress to Step 6 when student handles 60 minutes of mental exertion without worsening of symptoms.

5	SCHOOL – Part Time Minimal Adjustments	<ul style="list-style-type: none"> ➤ No standardized testing/routine tests are ok ➤ Continued decrease of extra time, help and adjustment of assignments ➤ May require more support in academically challenging subjects
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Progress to Step 6 when student athlete handles all class periods in succession without worsening of symptoms AND receives medical clearance for full return to academics and athletics.

6	SCHOOL – Full Time Full academics No adjustments	<ul style="list-style-type: none"> ➤ Attends all classes ➤ Full homework and testing
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When symptoms continue beyond 3-4 weeks, prolonged in succession are required. Request a 504 meeting to plan and coordinate student supports.

VI. B. Return to Play Guidelines following Designation of a Concussion

- The student athlete must complete return to learn before beginning return to play guidelines.
- Gradual return to participation will be based on the student athlete being completely asymptomatic before, during and after each designated stage. Student-athlete's cannot progress to the next stage without being asymptomatic. The student-athletes will also have the IMPACT tests back to baseline levels or if not previously tested be at the national normative data range.

Stage 1 Complete physical and cognitive rest

- Cognitive rest includes mathematical/analytical problems solving, focused/prolonged reading/testing, playing video games, or watching TV
- No physical education or strength classes

Stage 2 Light, Aerobic Activity-less than 70% max heart rate (10-20 minutes)

- Begins when the athlete has been symptom free for 24 hours
- ImPact tests have returned to baseline levels.
- Light activity/exertion-Walking, stationary bike, or elliptical for 20', no resistance exercises

Stage 3 Sport Specific Conditioning Drills

- Moderate activity/exertion
- Sport specific drills-**No head impact activities**. Consist of light to moderate running, moderate intensity weight training, agility drills, shooting, throwing, catching, kicking, ball control, passing drills, half court drills, shadow matt drills

Stage 4 Non-Contact Practice

- Non-contact training drills at full speed – **No head impact activities**

Stage 5 Full Contact Practice

- Regular full practice without restrictions
- Post-practice IMPACT test remains at baseline levels
- Need to have at least two full practices before allowed to participate in competition

Stage 6 Return to Full Competition

- Normal game activity-cleared to return to athletic events without limitations

VII. Resources

- ImPact-Impacttest.com
- CNOS - Concussion Management Protocol
- Concussion: Comprehensive Management/Cross Country Continuing Education course presented by Anthony Surace M.Ed., ATC
- University of Iowa Post Concussion Information Sheet.
- Center for Disease Control web site
- Kansas concussion legislation bill
- Nebraska Sports Concussion Network

VIII. Appendix

- A) Parent Student Information Packet**
- B) Coach Information Sheet/Symptom Checklist**
- C) Post Concussion – Home Instruction Sheet**
- D) Return to Competition Form**

CONCUSSION MANAGEMENT RETURN TO PLAY PROTOCOL

Athlete _____ DOB _____ Phone _____

Grade _____ Coach _____ Sport _____

MOI _____

Functional exercise at each stage of progression

Date of concussion injury _____ Date athlete became asymptomatic _____

Check box when each phase is completed and if no return of symptoms

Stage 1 - Rest

No activity-complete physical and cognitive rest # of days _____ Date: _____

Stage 2 - Light Aerobic Activity (Heart rate less than 70%)

Light aerobic exercise-Stationary –Less than 20' (waking, stationary bike)

Date started: _____ Activity(s) _____

Stage 3 - Sport Specific Exercises

Moderate activity/exertion-Non contact sport specific drills (no head impact activities) 45 minutes or greater.

Date started: _____ Activity(s) _____

Stage 4 - Non-Contact Practice

No live, full speed, full-court activities

Stage 5 - 2 Full Contact Practices

Date started: _____ Activity(s) _____

Post Full Practice ImPact

Date started: _____ Activity(s) _____

Stage 6 Resume normal game competition

Comments _____

ATC _____

Date _____

AUTHORIZATION FOR EXCHANGE OF HEALTH INFORMATION

Student Name: _____

Birthdate: _____

I hereby authorize Mike Wright LAT, ATC (Athletic Trainer) and South Sioux City High School access to health information/records for educational evaluation and planning, or medical evaluation and treatment.

This authorization is valid for one calendar year. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

Parent/Guardian Signature

Date

South Sioux City High School Information Notification

This form must be signed by all student athletes and parent/guardians before the student participates in any athletic or spirit practice or contest each school year.

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Signs (observed by examiner)

- Appears to dazed or stunned
- Confusion
- Moves Clumsily
- Loss of consciousness
- Behavior/personality changes
- Forget events prior to injury
(Retrograde amnesia)
- Forget events after injury
(Anterograde amnesia)

Symptoms (reported by athlete)

- Headache
- Nausea
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light
- Tinnitus (ringing in ears)
- Feeling “foggy”
- Concentration or memory issues
- Change in sleep pattern
- Feeling fatigued

Adapted from the CDC and the 3rd International Conference in Sport

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a health care professional (athletic trainer, primary care physician, neurosurgeon) Close observation of the athlete should continue for several hours. You should also inform your child’s coach if you think that your child may have a concussion Remember it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

Return to Practice and Competition

South Sioux City High School Concussion Management Policy provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a health care professional (athletic trainer, primary care physician, or neurologist) has evaluated the athlete and provided a written authorization to return to practice and competition. South Sioux City High School recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. South Sioux City High School also recommends that an athlete’s return to practice and competition should follow a graduated protocol under the supervision of the school’s athletic trainers (Return to Activity Protocol)

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

For education from the Nebraska Concussion Network you can go to:

<http://Neb.SportsConcussion.org>

For concussion information and educational resources collected by the South Sioux City High School, go South Sioux City High School web site:

<http://www.sccardinals.org>

Student-athlete Name Printed Student-athlete Signature Date

Parent or Legal Guardian Printed Parent or Legal Guardian Signature Date

RETURN TO COMPETITION FORM

This form is to be used after an athlete is removed from and not returned to competition following the identification of a concussion by a health care professional. The athlete should not be returned to play until written authorization is obtained from an appropriate health care professional and the parent/guardians. Appropriate health care professional shall be an athletic trainer, medical doctor or neurosurgeon.

Athlete: _____ School: _____
Grade: _____ Sport: _____
Date of Injury: _____

Guidelines for Returning to an Activity after Concussion

Note: Each step should be completed with no concussion symptoms before proceeding to the next step.

1. No activity, complete physical and cognitive rest with no symptoms for 24 hours following injury event.
2. Light aerobic activity (10-20 minutes @ <70 max heart rate: walking, swimming, or stationary cycling
3. Sport specific exercises, Conditioning Drills
4. Non-Contact practice
5. 2 Full Contact Practices. 2nd Post ImPact Test Completed
6. Return to game play

I have examined and progressed the named student-athlete following his/her identification of a concussion and they have completed the return to activity as mandated by the concussion management policy of the South Sioux City School District. In order for the student-athlete to complete stage six and return to full athletic competition the parent must grant permission for the student-athlete to do so.

_____ **Permission is granted** for the athlete to return to competition

_____ **Permission is not granted** for the athlete to return to competition

COMMENT: _____

_____ Date: _____
Health Care Professional

_____ Date: _____
Parent/Guar

**SOUTH SIOUX CITY COMMUNITY SCHOOLS
PARENTAL CONCUSSION AND NOTIFICATION & HOME INSTRUCTIONS**

Dear Parent/Guardian: Your son/daughter is suspected of having sustained a concussion. In accordance with the Nebraska Concussion Awareness Act and South Sioux City Community Schools Concussion Policy, your son/daughter has been removed from play and disqualified from further sport participation until they have been evaluated by licensed health care professionals, completed the required progressive course of action and returned the accompanying documentation.

I/We acknowledge that our son/daughter may have sustained a concussion, and:

- ✓ Have received timely and appropriate concussion management information;
- ✓ Have sought medical attention from a licensed healthcare provider;
- ✓ Authorize the release of related medical information for the purpose of providing concussion management and assisting the academic progress of the student athlete.

Student Athlete: _____ **Date/Time of Injury:** _____

Activity and Brief Explanation of Injury: _____

Action(s) Taken: _____

Date/Time of Notification: _____

SSC Staff Member: _____

Parent/Guardian: _____ **Phone:** _____

Parent/Guardian Signature: _____

Date: _____

For Physician use only

Physician Name: _____

Date: _____

Physician Signature: _____

Assessment: _____

Instructions:

_____ The above name student athlete has been medically evaluated and NOT have a concussion. The student may return to normal athletic and academic activity.

_____ The above named student-athlete has been medically evaluated and DOES have a concussion.

The student is requested to;

_____ Rest at home/NO physical activity

_____ Return to School/No physical activity/follow "Return to Learn" guidelines. Upon successful completion the student athlete may progress to "Return to Play" guidelines.

_____ Must return to physician for re-evaluation before return to sport.

Date of Appointment: _____

Comments/Recommendations: _____

What is a concussion?

A concussion is a mild traumatic brain injury that is caused by a sudden impact to the head or body, which causes rapid movement of the brain inside the skull. A person does not need to be unconscious to suffer a concussion.

The following are common signs and symptoms of a concussion:

Loss of Consciousness	Drowsiness/Fatigue
Nervousness	Sensitivity to light and/or noise
Headache	Excess sleep and sleep disturbance
Personality change	Memory problems/Amnesia
Dizziness	Uneven pupils
Poor concentration/Easily distracted	Feel “in a Fog”
Nausea/Vomiting	Vacant stare
Ringing in the ears	Inappropriate emotions
Sadness	Irritability
Blurred vision/Seeing Stars	

It is ok to:

Take Acetaminophen (Tylenol) for headaches.
activity
Use a ice pack for head or neck discomfort
Eat a light diet.
a computer
Go to sleep or rest

Do not:

Participate in sports or strenuous
Take Advil or Aleve
Play video games, watch TV or sit at

When should I take student athlete to the ER or Urgent Care:

Unconsciousness at time of initial injury
Severe headache that does not improve or worsens, even after a dose of Tylenol
Vomiting
Increasing Confusion
Unequal pupil size
Slurred or garbled speech.
Change in level of consciousness-difficulty being awakened

The following steps must be followed BEFORE your son/daughter may return to sport activity.

- ✓ Medical evaluation by health care professional
- ✓ Student athlete must report to the SSC Community Schools’ athletic trainer for follow-up evaluation and implementation of supervised “return to learn” and “return to play” protocol.
- ✓ ImPact Neuro-Cognitive Assessment
- ✓ SSC Concussion management team will be notified to implement “**Return to Learn**” protocols as needed.
- ✓ Student athlete completes the SSC concussion policy protocol for “**Return to Play.**”

- ✓ Student athlete's parent must sign a release stating they give permission for their son/daughter to return to athletic participation before the athlete is able to compete in competitions.

IX. Signature Page

The above policy has been reviewed and agreed upon by the following persons. It will be effective July 1, 2011 and reviewed annually by the athletic trainer and activities director to keep up to date with current research on concussions and their evaluation and treatment.

School Board President

Date

Superintendent

Date

Neurosurgeon

Date

Activities Director

Date

Athletic Trainer

Date

School Nurse

Date

A

B

C

D

Appendix

- Parent notification form
- Release for consent to talk with counselors and teachers
- Cranial Nerve Assessment Form
- Concussion Return to Play Protocol Form
- ImPact sideline tool.(phone)
- Information Sheet following a head injury sent to parents (Iowa post-Concussion Sheet)

Education – Parents/Student Athletes

- Signs/Symptoms of a Concussion
- CDC-Information for parents fact sheet
- CDC – Information for athletes fact sheet
- Actions that should be taken
- Video from NATA-Steve Young NATA-website

Education – Coaches

- CDC-Information for coaches fact sheet
- Video of Preston Plevretes – You Tube
- Nfhslearn.com
- Preston Plevretes video

Cranial Nerve Assessment

Nerve	Name	Function	Test	Result	
				Normal	Abnormal
I	Olfactory	S: Smell	Have athlete smell something		
II	Optic	S: Vision	Have athlete identify fingers		
III	Oculomotor	M: Pupillary Reaction	Shine light in athlete's eyes		
IV	Trochlear	M: Eye Movement	Follow finger without moving head		
V	Trigeminal	S: Facial Sensation	Touch face		
		M: Mouth Movement	Hold Mouth Open		
VI	Abducens	M: Lateral Eye Movement	Follow finger without moving head		
VII	Facial	S: Taste	Taste something anterior tongue		
		M: Facial Movement	Smile, Wrinkle Face, Puff Cheeks		
VIII	Vestibulocochlear	S: Hearing & Equilibrium	Snap fingers by ear		
			Rhomberg Test		
IX	Glossopharyngeal	M: Gag reflex	Use tongue depressor		
		S: Sensation from Tongue and Ear	Taste something posterior tongue		
X	Vagus	S & M: Swallowing and Voice	Swallow & Have athlete say "ah"		
XI	Spinal Accessory	M: Trapezius & SCM	Shrug Shoulders		
XII	Hypoglossal	M: Tongue Movement & Strength	Stick out tongue, apply resistance with a tongue depressor		

Perform Romberg Eyes Closed, NBOS, - 25 -arms folded for 30 seconds for normal results

Explanation of Abnormal CN Findings-
