

Immaculate Conception Concussion Awareness Protocol

Immaculate Conception is responsible for the care and education of its students. For the student diagnosed with a concussion, the academic and extracurricular impact will be varied and unique to the situation. This policy will focus on communication and education concerning concussions, the understanding of Immaculate Conception's role for managing the education of a student when he/she is diagnosed with a concussion, and the responsibilities of the parent/guardian, and the student diagnosed with a concussion.

Concussions are both a medical and educational concern. Assessing problems with learning and school performance, and then making appropriate and necessary changes to a student's learning plan is a collaborative effort between the student's health care provider and the academic leaders at his/her school.

Immaculate Conception parents and students are required to read and sign the Concussion Information Sheet.

Concussions, a type of brain injury, are a common problem in sports and have the potential for serious complications if not managed correctly. 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. It is important to know that a direct blow to the head is not required to cause a concussion; this type of injury can result from a hit to the body that transmits force to the head. This sudden, forceful movement can cause the brain to bounce around or twist in the skull, stretching or damaging the brain cells and causing chemical changes in the brain.

Concussions affect people differently, both physically and cognitively. Many students will recover within a few days or weeks and only experience brief symptoms. With a more serious concussion, symptoms can be prolonged and persist for many months or more. Additionally, research has suggested that age plays a role in recovery, with younger students experiencing symptoms for a longer period of time. Too often, students return to full routine while they are still symptomatic. The medical literature and press are reporting instances of death from "second impact syndrome" when a second concussion occurs before the brain has recovered from the first one regardless of how mild both injuries may seem. At many athletic contests across the country, trained and knowledgeable individuals are not available to make the decision to return concussed athletes to play. Frequently, there is undue pressure from various sources (parents, player and coach) to return a valuable athlete to action. In addition, often there is unwillingness by the athlete to report headaches and other findings because the individual knows it would prevent his or her return to play.

Outlined below are some guidelines that may be helpful for parents, coaches and others dealing with possible concussions. Please bear in mind that these are general guidelines and must not be used in place of the central role that physicians and athletic trainers must play in protecting the health and safety of student-athletes.

SIGNS & SYMPTOMS OF CONCUSSIONS

Concussions can appear in many different ways. Concussions cannot be seen, and most 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. Listed below are some of the signs and symptoms

frequently associated with concussions. Most signs, symptoms and abnormalities after a concussion fall into the four categories listed below. A coach, parent or other person who knows the athlete well can often detect these problems by observing the athlete and/or by asking a few relevant questions of the athlete, official or a teammate who was on the field or court at the time of the concussion. Below are some suggested observations and questions a nonmedical individual can use to help determine whether an athlete has suffered a concussion and how urgently he or she should be sent for appropriate medical care.

Problems in Brain Function

- **Confused State** – dazed look, vacant stare or confusion about what happened or is happening.
- **Memory Problems** – can't remember assignment on play, opponent, score of game, or period of the game; can't remember how or with whom he or she traveled to the game, what he or she was wearing, what was eaten for breakfast, etc.
- **Symptoms Reported by Athlete** – headache, nausea or vomiting; blurred or double vision; oversensitivity to sound, light or touch; ringing in ears; feeling foggy or groggy; dizziness.
- **Lack of Sustained Attention** – difficulty sustaining focus adequately to complete a task, a coherent thought or a conversation.

Speed of Brain Function - Slow response to questions, slow slurred speech, incoherent speech, slow body movements and slow reaction time.

Unusual Behaviors - Behaving in a combative, aggressive or very silly manner; atypical behavior for the individual; repeatedly asking the same question; restless and irritable behavior with constant motion and attempts to return to play; reactions that seem out of proportion and inappropriate; and having trouble resting or "finding a comfortable position."

Problems with Balance & Coordination - Dizziness, slow clumsy movements, inability to walk a straight line or balance on one foot with eyes closed.

If no medical personnel are on hand and an injured athlete has any of the above symptoms, he/she should be sent for appropriate medical care.

CHECKING FOR CONCUSSION

Every Immaculate Conception coach has received a Heads Up Concussion checklist from the Centers for Disease Control, with common symptoms associated with concussions. In addition to observation and direct questioning for symptoms, medical professionals and athletic trainers have a number of other instruments to evaluate attention, processing speed, memory, balance, reaction time, and ability to think and analyze information (called executive brain function). These are the brain functions that are most likely to be adversely affected by a concussion and most likely to persist during the post concussion period.

CONCUSSION OVERSIGHT TEAM (COT)

The Concussion Oversight Team's purpose is to establish appropriate and scientifically sound protocols for IC students' safe return to the classroom and the playing field. The COT will also be advocates for the safety of all students.

The Concussion Oversight Team will include:

- 1) School Principal/Assistant Principal
- 2) School Athletic Directors
- 3) IC Coaching Staff
- 4) IC Safety Director (football)

MANAGEMENT OF CONCUSSIONS

Every concussion is different, and treatment and recovery from a concussion is an individualized process. A student with signs or symptoms of a concussion should be evaluated by a health care professional. Maximizing a student's recovery potential following a concussion depends on timely implementation of cognitive and physical rest.

Increasing evidence suggests that initial signs and symptoms, including loss of consciousness and amnesia, may not be very predictive of the true severity of the injury and the prognosis or outcome. More importance is being assigned to the duration of such symptoms and this, along with data showing symptoms may worsen some time after the head injury, has shifted focus to continued monitoring of the athlete. As such, guidelines no longer include an option to return an athlete to play even if clear in 15 minutes and there is no longer discussion about the "Grade" of the concussion.

Any athlete who is removed from play because of a concussion should have medical clearance from an appropriate health care professional before being allowed to return to play or practice.

Recent information suggests that mental exertion, as well as physical exertion, should be avoided until concussion symptoms have cleared. Premature mental or physical exertion may lead to more severe and more prolonged post concussion period. Therefore, the athlete should not study, play video games, do computer work or phone texting until his or her symptoms are resolving. Once symptoms are clear, the student-athlete should try reading for short periods of time. When 1-2 hours of studying/schoolwork can be done without symptoms developing, the athlete may return to school for short periods gradually increasing until a full day of school is tolerated without return of symptoms.

Once the athlete is able to complete a full day of school work, without PE or other exertion, the athlete can begin the gradual return to play protocol as outlined below. Each step increases the intensity and duration of the physical exertion until all skills required by the specific sport can be accomplished without symptoms. These recommendations have been based on the awareness of the increased vulnerability of the brain to concussions occurring close together and of the cumulative effects of multiple concussions on long-term brain function. Research is now revealing some fairly objective and relatively easy-to-use tests which appear to identify subtle residual deficits that may not be obvious from the traditional evaluation. These identifiable abnormalities frequently persist after the obvious signs of concussion are gone and appear to have relevance to whether an athlete can return to play in relative safety. The significance of these deficits is still under study and the evaluation instruments represent a work in progress. They may be helpful to the professional determining return to play in conjunction with consideration of the severity and nature of the injury; the interval since the last head injury; the duration of symptoms before clearing; and the level of play.

CONCUSSION MANAGEMENT:

SIDELINE DECISION-MAKING AND RETURN-TO-PLAY PROTOCOL

1. No athlete should return to play (RTP) on the same day as a suspected concussion.
2. Coaches must fill out an Accident Report form for any player suspected of having a concussion, and return it to the Assistant Principal within 24 hours of the incident.
3. Any athlete removed from play because of a concussion must have medical clearance from a medical doctor or athletic trainer, submitted to IC's Concussion Oversight Team. The team will review the clearance and notify the coach or coaches when the athlete is eligible to return to play or practice.

4. After medical clearance, RTP will follow the steps and guidelines provided by the medical note for each individual athlete.

**CONCUSSION MANAGEMENT:
RETURN TO LEARN PROTOCOL**

Because concussions and their subsequent recovery affect learning, IC is committed to safely and gradually having students return to full participation in the classroom. Concussions and plans for recovery vary among individual students. Students that have completed the Return To Play protocol aren't necessarily ready to return to the classroom. Likewise, students that have completed the Return To Learn protocol may not be necessarily ready to return to their respective sports practices or games.

IC students that are suspected of having suffered a concussion, or have a medically documented concussion, must adhere to the following RTL protocol.

Step 1:

- a) Concussion reported to school personnel by student or family
- b) Assistant Principal contacts the student's classroom teachers and documents student status

Step 2:

- a) Assistant Principal or designee contacts student and family to explain the steps of the management process and the responsibilities of the student and family. Student and family responsibilities include:
 - Student must communicate candidly and openly with school
 - Student must follow the plan created
 - Family must forward physician notes and other relevant documentation of the injury and physician recommended treatment plan
- b) Phases of Management Process - starting point depends on severity of injury:
 - Phase 1: No School/Complete Cognitive Rest
 - Phase 2: Part time Attendance with accommodations
 - Phase 3: Full day Attendance with accommodations
 - Phase 4: Full day Attendance without accommodations
 - Phase 5: Full school and extracurricular involvement
- c) Assistant Principal documents ALL communication with the family and student

Step 3:

- a) Teacher coordinates assessment of academic needs
- b) The COT determines the academic plan and/or accommodations. Medical recommendations, while not educationally binding, will be taken into consideration as the school determines the proper academic plan
- c) The Assistant Principal communicates and distributes the plan to teachers (and the athletic team if needed). Student athletes have additional requirements to meet before returning to play
- d) If student has missed school days, the teacher meets with student upon student's return to school
- e) Teacher documents and shares the plan created by the COT with the student and family

ADDITIONAL RESOURCES:**Concussion Resources**

- [CDC - Concussion in Youth Sports](#)
- [CDC - Concussion in Sports Palm Card](#)
- [CDC - Concussion Fact Sheet](#)
- [CDC- Concussion At Play](#)
- [CDC - Heads Up Resource Center](#)

Return-to-Play Resources

- [CDC - Return to Sports](#)
- [CDC - Implementing Return to Play](#)
- [CDC - Recovery From Concussion](#)

Return-to-Learn Resources

- [CDC - Returning to School After a Concussion: A Fact Sheet for School Professionals](#)
- [CDC - Helping Students Recover from a Concussion: Classroom Tips for Teachers](#)
- [CDC - Concussion Fact Sheet for School Professionals](#)

