

CONCUSSION & HEAD INJURY

All coaches and sponsors of activities will be familiar with district policy and procedure regarding the recognition and management of concussions and head injuries. Information may be found at NSAA, within this handbook, and in the Oregon Concussion Awareness and Management Program information.

These procedures include: Recognizing the signs/symptoms of a concussion/head injury, removing the student from activities, referring the student (nurse, doctor, athletic trainer, etc.), and returning the student to classroom (return to learn) and/or the activity (return to play) once cleared by a licensed health care professional.

Communication is critical. Depending on the situation, the activities director, coach, parents, student, teachers, school nurse, athletic trainer, principal, and others all may need to communicate, share information, and work as a concussion management team/multi-disciplinary team to develop, implement, and monitor return to learn/play plans for specific students.

SIGNS & SYMPTOMS (from Nebraska Sports Concussion Network)

School staff should be familiar with the signs and symptoms of concussion. They should monitor students carefully. Signs and symptoms include:

Physical: Headache, nausea, vomiting, balance problems, dizziness, visual problems, fatigue, sensitivity to light/noise, dazed/stunned.

Emotional: Irritability, sadness, emotional, nervous.

Cognitive: Mentally foggy, slowed down, difficulty concentrating/remembering, forgetting recent events, confused about recent events, responds slowly to questions, repeats questions.

Sleep Related: Drowsy, sleeping more or less than usual, difficulty falling asleep.

The Nebraska Department of Education (adapted from the Oregon Concussion Management Program and Slocum Sports Concussion Program) recommends the following framework:

FIRST – Return to Learn:

- Step 1: Home – Relative rest
- Step 2: Home – Light mental activity
- Step 3: School – Part time
- Step 4: School – Full time

THEN – Return to Play:

- Step 1: No physical activity while symptoms are present
- Step 2: Light aerobic activity
- Step 3: Sport-specific exercise
- Step 4: Non-contact training drills
- Step 5: Full contact practice
- Step 6: Return to play

CONCUSSION MANAGEMENT - Return to Play/Activity

When a student shows ANY sign or symptom of a concussion:

1. The student is to be removed from any type of physical activity, practice, game and/or performance.
2. The student is not permitted to return to the physical activity, practice, game, and/or performance on the same day.
 - a. The student must be under constant supervision of the certified athletic trainer and/or coach/sponsor.
 - b. The student must be regularly monitored for the possibility of a concussion.
3. If a certified athletic trainer is present, an on-site concussion evaluation may be performed on the student.
4. The parent/guardian of the student is to be informed of the injury and possible concussion as soon as possible after the student shows ANY sign or symptom of a concussion. A form is available for this purpose and should be shared with the parent, school nurse, A.D./administrator, and athletic trainer if appropriate. The information provided to the parent/guardian of the student must include the following:
 - a. Date, time, and extent of the injury.
 - b. The signs and symptoms of a concussion that were treated.
 - c. Any action taken to treat the student.
 - d. Signs and symptoms to observe for possible concussion.
5. The parent/guardian should be advised to provide constant supervision of their child for the next 24 hours. If any signs or symptoms of concussion occur and/or deteriorate, parent/guardian should be advised to seek medical attention.
6. School staff will immediately contact parent/guardian and/or 911 if any signs or symptoms of concussion deteriorate while the student is under their supervision.
7. The student is not permitted to return to any type of physical activity, practice, game, and/or performance until that student has been evaluated by a licensed health care professional, and received written /signed clearance to resume activity participation from a licensed health care professional and the parent/guardian of the student.
8. A licensed health care professional as defined by state law, is either a physician or licensed practitioner under the direct supervision of a physician, a certified athletic trainer, a neuropsychologist, or some other qualified individual who is registered, licensed, certified, or otherwise statutorily recognized by the State of Nebraska to provide health care services AND is trained in the evaluation and management of traumatic brain injuries among a pediatric population. (Member/members of the building's concussion management team will consider the input provided by the licensed health care professional and determine if the student is cleared to return to the activity using all available information).

RETURN TO PHYSICAL ACTIVITY – Return to Play/Activity

1. The certified athletic trainer has possession of the written and signed clearance to resume play (if an athletic/activity)/participation from a licensed health care professional, and the written permission from the parent/legal guardian of the student. These clearances permit the athlete to proceed through the return to play protocol established by the school.
2. The student should be cleared by a licensed health care professional for any physical activity, practice, game and/or performance, and is required to proceed through the return to play/activity protocol established by the school.

3. Return to play protocol:
 - a. The student must be asymptomatic of the signs and/or symptoms of concussion for a minimum of 24 hours.
 - b. The student is permitted to perform light aerobic exercise only; if asymptomatic of the signs and/or symptoms of concussion, proceed to next step.
 - c. The student is permitted to perform sport/activity specific exercise, with progressive addition of resistance training, head impact activities not permitted during this step; if asymptomatic of the signs and/or symptoms of concussion, proceed to next step.
 - d. The student is permitted to perform non-contact training drills; if asymptomatic of the signs and/or symptoms of concussion, proceed to next step.
 - e. The student is permitted to perform full contact training; if asymptomatic of the signs and/or symptoms of concussion, proceed to next step.
 - f. The student is permitted to resume participation in games and/or performances.
 - g. **IF THE STUDENT SHOWS SIGNS AND/OR SYMPTOMS OF CONCUSSION AT ANY OF THE ABOVE STEPS, HE/SHE RETURNS TO THE PREVIOUS STEP OF THE RETURN TO PLAY PROTOCOL AND WAITS A MINIMUM OF 24 HOURS BEFORE RESUMING THE RETURN TO PLAY PROGRESSION.**

RETURN TO LEARN (based on Oregon Concussion Awareness Management Program)

A Concussion Management Team implements, and monitors the Return to Learn plan. That team may include the principal, AD, teacher(s), nurse, athletic trainer, doctor, parent/guardian, and student if appropriate. In most cases, a concussion will not significantly limit a student's performance in school – and is usually temporary. If needed, the recommended progress may be considered by the team:

1. Home – Total Rest: no mental exertion, stay home, and no driving
2. Home – Light Mental Activity: up to 30 minutes of exertion, no prolonged concentration, stay home, and no driving
3. School – Part Time: provide place for scheduled mental rest, no significant classroom or standardized testing, modify rather than postpone academics, and provide extra time, extra help and modified assignments
4. School – Part Time: no standardized testing, modified classroom testing, and moderate decrease of extra time, help, and modifications of assignments.
5. School – Full Time: no standardized testing, routine tests are ok, continued decrease of extra time, help, and modifications of assignments, may require more supports in academically challenging subjects.
6. School – Full Time: attends all classes, full homework and work load.

The Concussion Management Team may consider a 504 evaluation or special education evaluation if the symptoms continue, improve slower than usual, and/or worsen.