

Concussion Management for Student Sports

The Board of Education recognizes that concussions and head injuries are commonly reported injuries in children and adolescents who participate in sports and other recreational activities. The Board acknowledges the risk of catastrophic injuries or deaths are significant when a concussion or head injury is not properly evaluated and managed.

Duties of the Athletic Director or Administrator in Charge of Athletics:

1. Annually, each spring, the Athletic Director or the administrator in charge of athletics, if there is no Athletic Director, shall review, with the District's Medical Advisor and athletic trainer, any changes that have been made regarding the management of concussion and head injuries.
2. The Athletic Director or administrator in charge of athletics will identify the competitive sports activities in the District for which compliance with the concussion policy is required.
3. The Athletic Director or the administrator in charge of athletics shall be responsible for determining that all coaches of interscholastic and intramural sports have fulfilled the required initial training and subsequent follow-up regarding concussions prior to the coach's commencement of his/her assignment.

Training of Coaches

All coaches shall undergo training in head injuries and concussion management as required by state statute in a program approved by the State Board of Education. The Connecticut State Board of Education's "***Concussion Education Plan and Guidelines for Connecticut Schools***" provides guidance on this topic. In addition, the Centers for Disease Control and Prevention (CDC) has made available a tool kit, "*Heads Up: Concussion in High School Sports*," which can provide additional information for coaches, athletes, and parents.

Parent/Student Information Sheet

On a yearly basis a concussion consent and information sheet shall be signed and returned by the student athlete and the athlete's parent/guardian prior to the student athlete's initiating practice or competition. This information sheet may be incorporated into the parent permission sheet which permits students to participate in extracurricular athletics. Beginning with the school year commencing July 1, 2015 the District will utilize the informed consent form developed or approved and made available by the State Board of Education.

Coaches Responsibility - Four Step Action Plan

The following four step action Plan adapted from the CDC provides information on what should be done if a concussion occurs or is suspected.

1. Based on mechanism of injury, observation, history and unusual behavior and reactions of the athlete, even without loss of consciousness, assume a concussion has occurred if the head was hit and even the mildest of symptoms occur. The student athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be immediately removed from play.

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Coaches Responsibility - Four Step Action Plan (continued)

2. If confusion, unusual behavior or responsiveness, deteriorating condition, loss of consciousness, or concern about neck and spine injury exists, the athlete should be referred at once for emergency care.
3. If no emergency is apparent, the athlete should be removed from the activity and monitored every 5 to 10 minutes. The coach will use the CDC *Concussion Signs and Symptom Checklist* or other approved tool to evaluate and document presentation of student symptoms. If student begins to demonstrate sign/symptoms of concussions the students should be sent for medical evaluation.
4. Upon removal from the athletic activity, the coach or athletic trainer shall notify the athlete's parent/guardian that the student athlete has exhibited the signs, symptoms or behaviors consistent with a concussion. Every reasonable effort shall be made to immediately provide such notification, but not later than twenty-four hours after such removal.
5. No athlete suspected of having a concussion should return to the same practice or contest, even if symptoms clear in 15 minutes, no sooner than twenty-four hours after removal and only after the athlete receives written clearance form a licensed health care professional trained in the evaluation and management of concussions.

Athletes who experience any of the signs and symptoms listed below after a bump, blow or jolt to the head or body should be kept out of play the day of the injury and until a health care professional, experienced in evaluating concussions, provides written clearance that they are symptom-free and can return to play. It is important to note that some athletes may not experience and/or report symptoms until hours or days after the injury. Most people with a concussion will recover quickly and fully. For some people, however, signs and symptoms of a concussion can last for days, weeks, or longer.

Potential Signs Observed by Coaches, Athletic Trainer, Parents, or Others:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets instruction
- Is unsure of game, score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall
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Potential Symptoms Reported by Athlete:

- Headache or “pressure “ in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right” or “feeling down” (CDC, How can I Recognize a Possible Concussion?)

CONCUSSION EMERGENCY TREATMENT

Call 911 if the student:

- is vomiting repeatedly (more than once)
- has unequal pupils
- is confused or agitated
- has weakness on one side of the body
- passes out or is unconscious
- is very drowsy or unable to wake up
- has neck pain after a fall
- has slurred speech
- has a seizure and
- other: any sign or symptom that is rapidly progressing or increasing in severity

Return to Play After Concussions or Head Injury

After a concussion diagnosis, a comprehensive medical management plan should be implemented that follows the district’s concussion policy and includes communication among all those involved. This plan should include the family (such as, patient and parents), school personnel (such as, teachers, administrators, counselors, coaches), school medical personnel (such as, school nurses, athletic trainers and medical advisers), and community referral sources (such as, student’s primary care provider or other health care referral sources). Communication among all these groups is essential for appropriate management of a concussed athlete.

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Return to Play After Concussions or Head Injury (continued)

1. A student athlete who has been removed from play may not participate in any supervised team activities involving physical exertion, including, but not limited to practices, games, or competitions, sooner than twenty-four hours* after such athlete was removed from play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussions and receives written clearance to return to play from that health care provider. A student must be attending school full-time, with a full academic load, to participate in practices or games.

Note: CIAC requirements indicate that no athlete shall return to participation on the same day of concussion.

*P.A. 10-62 does not require a 24 hour waiting period before an athlete may return to Participate in team activities. However, the law does require written clearance from a licensed health care professional.

2. After medical clearance, the return to play by the athlete should follow a step-wise protocol with provisions for delayed return to play based on return of any signs or symptoms.

Suggested Return-to-Play Progression

- a) No exertional activity until asymptomatic.
- b) When the athlete appears clear, begin low-impact activity such as walking, stationary bike, etc.
- c) Initiate aerobic activity fundamental to the specific to sport such as skating, or running and may also begin progressive strength training activities.
- d) Begin non-contact skill drills specific to sport such as dribbling, fielding, batting, etc.
- e) Full contact in practice setting.
- f) If athlete remains asymptomatic, he/she may return to game/play.
- g) The athlete must be able to perform at the pre-injury academic/cognitive level.

While most athletes will recover quickly and fully following concussion, some will have symptoms for weeks or longer. Athletes should be referred to a concussion specialist if:

1. Symptoms worsen at any time.
2. Symptoms have not gone away after 10-14 days.
3. The athlete has a history of multiple concussions or risk factors for prolonged recovery. This may include a history of migraines, depression, mood disorders, or anxiety as well as developmental disorders such as learning disabilities and Attention Deficit Hyperactivity Disorders.

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Legal References: Connecticut General Statutes
P. A. 10-62 An Act Concerning Student Athletes and Concussions
P.A.14-66 An Act Concerning Youth Athletics and Concussions
“Concussion Education Plan and Guidelines for Connecticut Schools”
Adopted by the State Board of Education, January 7, 2015

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