

# OLEY VALLEY SCHOOL DISTRICT

SECTION: PROGRAMS

TITLE: CONCUSSION MANAGEMENT

ADOPTED: JUNE 10, 2015

REVISED:

<ol style="list-style-type: none"> <li>1. Purpose 24 P.S. Sec. 5322</li> <li>2. Authority</li> <li>3. Delegation of Responsibility</li> </ol>	<p style="text-align: center;">120. CONCUSSION MANAGEMENT</p> <p>The Board recognizes the importance of ensuring the safety of students participating in the district’s athletic programs. This policy has been developed to provide guidance for prevention, detection and treatment of concussions sustained by students while participating in an athletic activity.</p> <p>The following definitions are for purposes of this policy.</p> <p><u>Concussion</u> - a traumatic brain injury (TBI) caused by a direct or indirect blow to the head or body.</p> <p><u>Appropriate medical professional</u> - all of the following:</p> <ol style="list-style-type: none"> <li>1. A licensed physician who is trained in the evaluation and management of concussions.</li> <li>2. A licensed certified health care professional trained in the evaluation and management of concussions and designated by such licensed physician trained in the evaluation and management of concussions.</li> <li>3. A licensed psychologist neuropsychologically trained in the evaluation and management of concussions or who has done postdoctoral training in neuropsychology and specific training in the evaluation and management of concussions.</li> </ol> <p><u>Athletic activity</u> - all of the following:</p> <ol style="list-style-type: none"> <li>1. Interscholastic athletics.</li> <li>2. An athletic contest or competition, other than interscholastic athletics, that is sponsored by or associated with the school, including cheerleading, club-sponsored sports activities and sports activities sponsored by school-affiliated organizations.</li> </ol>
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3. Noncompetitive cheerleading that is sponsored by or associated with the school entity.
4. Practices, interschool practices and scrimmages for all athletic activities.

School entity – Oley Valley School District, as defined therein.

Administrator - the person responsible for the administration of a district school. The term includes a person responsible for employment decisions in a school and an independent contractor. The Athletic Director and principal of the school where the student is enrolled will serve as the administrators under this policy.

School Employee - an individual employed in a district school. The term includes an independent contractor and employees.

Coach - the person responsible for instructing players in the fundamentals of a competitive sport, directing team strategy and supervising players during athletic activities.

Student - an individual under eighteen (18) years of age enrolled in a district school.

Once each year a coach shall complete the concussion management certification training course offered by the Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)), the National Federation of State High School Associations or another provider approved by the Pennsylvania Department of Health. A coach shall not coach an athletic activity until the coach completes the training course required under this subsection.

Prior to the start of each athletic season, the school may hold an informational meeting for all competitors regarding concussion management and how preseason baseline assessments can aid in the evaluation, management and recovery process. Information about where to obtain baseline assessments in the community will be provided to parents/guardians upon their request. These meetings may include parents/guardians, coaches, physicians, neuropsychologists, athletic trainers, physical therapists, and certified school nurses.

A student desiring to participate in any athletic activity and the student's parent/guardian shall, each school year, sign and return to the school an acknowledgement of their receipt of concussion and traumatic brain injury information as found in the PIAA Pre-Participation CIPPE Form for Interscholastic Athletics.

All medical personnel authorized to make decisions on when the student athlete can return to play must complete, or have completed, training in the evaluation and management of concussion. Material for this training is available on-line through the Pennsylvania Departments of Education or Health and through the Centers for Disease Control and Prevention.

Authority is granted to game officials, the coach, athletic trainer, licensed physician, licensed physical therapist or other individual trained in the recognition of the signs and symptoms of a concussion and designated by the school, to determine that a student athlete exhibits signs or symptoms of a concussion or traumatic brain injury.

Once the student athlete has exhibited signs or symptoms of a concussion/traumatic brain injury, s/he must be removed by the coach from participation. The student athlete cannot return to practice or play until the student athlete is evaluated and cleared for return to participation in writing by an appropriate medical professional as defined above.

#### Coaching Violations

Any coach who violates this policy will be suspended under the following guidelines:

1. First Violation: Suspension from coaching any athletic activity for the remainder of that season.
2. Second Violation: Suspension from coaching any athletic activity for the remainder of that season and the following season.
3. Third Violation: Permanent suspension from coaching any athletic activity.

#### Recommended Procedures

Student athletes who are exhibiting any of the signs or symptoms of a sports-related concussion or other head injuries during practice or competition shall be immediately removed from play and may not return to play until s/he is evaluated and cleared for return to participation in writing by an appropriate medical professional. Some of signs and symptoms are as follows:

Signs Of Concussion – (Could be observed by Coaches, Athletic Trainer, School/Team Physician, School Nurse, Physical Therapist.)

The signs of a concussion include:

1. Appears dazed, stunned, or disoriented, demonstrates decreased alertness.
2. Forgets plays, or demonstrates short-term memory difficulty.
3. Slurs words.
4. Exhibits difficulties with balance or coordination.
5. Answers questions slowly or inaccurately.
6. Exhibits seizures or vomiting.
7. Changes in level of consciousness. (Estimates are that <10% of concussions result in the loss of consciousness.)

Symptoms of Concussion – (Reported by the student athlete to Coaches, Athletic Trainer, School/Team Physician, School Nurse, Parent/Guardian, Physical Therapist.)

The symptoms of a concussion include:

1. Headache.
2. Nausea.
3. Balance problems or dizziness.
4. Double vision or changes in vision.
5. Sensitivity to light or sound/noise.
6. Feeling sluggish or foggy.
7. Difficulty with concentration and short-term memory.
8. Sleep disturbance.
9. Irritability or changes in personality and behavior.

Once a student athlete has been removed from competition or practices because of signs or symptoms of a concussion, the following Concussion Management Protocol must be followed:

1. Emergency medical treatment should be pursued if there is an exacerbation of symptoms including seizure, altered level of consciousness, vomiting, altered papillary findings, or direct neck pain associated with the injury.
2. All appropriate school officials should be notified of the event, including the school physician, Athletic Trainer, Physical Therapist, Athletic Director/Building Administrator, school nurse, school psychologist, school counselor and all of the student's teachers.
3. School officials must make contact with the student athlete's parent/guardian and inform him/her of the suspected sports-related concussion or head injury.

4. School officials shall provide the student athlete and their parent/guardian with information on the continuing care of a person with a concussion. This material is available through the Pennsylvania Departments of Health or Education, or the Centers for Disease Control and Prevention.

5. When appropriate, a referral should be made to the regional BrainSTEPS Team. This team will consult with school teams and families in the development and delivery of educational services for the student who has sustained a concussion.

6. The student athlete must be evaluated by an appropriate medical professional who is trained in the evaluation and management of concussions.

7. The student athlete must receive written clearance from an appropriate medical professional trained in the evaluation and management of concussions that states the student athlete is asymptomatic at rest and may begin a graduated return-to-play protocol.

Complete physical, cognitive, emotional, and social rest is advised while the student athlete is experiencing symptoms and signs of a concussion/traumatic brain injury. Minimize mental exertion, limiting over-stimulation, limit cell phone or computer usage, testing, video gaming, multi-tasking, etc.

#### Return To Play

After written medical clearance is given by an appropriate medical professional, the student athlete may begin a graduated individualized return-to-play protocol supervised by an Athletic Trainer or Licensed Physical Therapist, school/team physician or in cases where the afore mentioned are not available a physician or licensed healthcare provider trained in the evaluation and management of sports-related concussions.

The following graduated return to play should be followed:

1. Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without re-emergence of any signs or symptoms. If no returns of symptoms, next day advance to:

2. Light aerobic exercise, which includes walking, swimming, or stationary cycling, keeping the intensity <70% maximum predicted heart rate: no resistance training. The objective of this step is to increase heart rate. If no return of symptoms, next day advance to:

3. Sport-specific exercise including skating and/or running; no head impact activities. The objective of this step is to add movement and continue to increase heart rate. If no return of symptoms, next day advance to:
4. Noncontact training drills (e.g., passing drills). The student athlete may initiate progressive resistance training. If no return of symptoms, next day advance to:
5. Participation in normal training activities. The objective of this step is to restore confidence and to assess functional skills by the coaching staff. If no return of symptoms, next day advance to:
6. Return to play involving normal exertion or game activity.  
If concussion symptoms recur during the graduated return-to-play protocol, the student athlete will return, at a minimum, to the previous level of activity that caused no symptoms, and the attending physician should be notified.

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Utilization of standardized tools such as symptom checklists, comparison of post-injury performance to preseason baseline cognition, and balance testing are suggested.

#### Return To Classroom

Temporary learning support accommodations may be needed for student athletes with sports-related head injuries to return in the classroom.

Rest is the best “medicine” for healing concussions or other head injuries. The concussed brain is affected in many functional aspects as a result of the injury. Memory, attention span, concentration and speed of processing significantly impact learning. Further, exposing the concussed student athlete to the stimulating school environment may exacerbate symptoms and delay the resolution of symptoms needed for recovery. Accordingly, consideration of the cognitive effects in returning to the classroom is also an important part of the treatment of sports-related concussions and head injuries. Students who return to school after a concussion may need to:

1. Take rest breaks as needed.
2. Spend fewer hours at school (have a shortened school day).

3. Be given more time to take tests or complete assignments. (All courses should be considered.)
4. Receive help with schoolwork (e.g. pre-teaching, outlines, note taker).
5. Reduce time spent on the computer, reading, and writing.
6. Be granted early dismissal from each class to avoid crowded hallways.
7. No standardized testing (e.g. PSSA, SAT) during the initial recovery window of 2-4 weeks.

These accommodations must be provided in writing from an appropriate medical professional.

In Pennsylvania, BrainSTEPS teams are available to virtually any secondary school in the Commonwealth. These teams have been developed by the Brain Injury Association of Pennsylvania with funding from the Pennsylvania Department of Health and the Department of Education. BrainSTEPS teams are designed to support the staff, student, and parents/guardians in a return to school after a brain injury. These teams work with all parties to identify and implement appropriate accommodations and modifications to manage the student's symptoms and to support their learning needs throughout their secondary school career.

The school (e.g. teachers, school counselors, school nurse) and family should monitor the performance of the student closely for two (2) weeks after the return to school.

If the return to the classroom causes concussion symptoms to reoccur or if the student demonstrates uncharacteristic performance (e.g. reduced attention span, inability to take tests, acting out in class), the school may initiate a formal referral to the local BrainSTEPS team ([www.brainsteps.net](http://www.brainsteps.net)).