South Side Area High School
Concussion Policy and Procedures

**Policy Statement:** This document outlines policies and procedures to assist in the management of concussions and the safe return to play for athletes at South Side High School.

**Purpose:** South Side High School seeks to provide a safe return to activities for all athletes after injury, particularly after a concussion. In order to effectively and consistently manage these injuries, procedures have been developed insuring concussed athletes are identified, treated, referred appropriately, receive follow up medical care during the school, including academic assistance, and meet the return to play (RTP) protocol.

**Community Educational Goals:**
1. **Students**
   a. Students will also be educated on the importance of taking responsibility for reporting their signs and symptoms to the coach, parent, and Certified Athletic Trainer (ATC).
   b. The student will also be educated on the importance of adhering to the concussion protocol should a concussion occur. They must be an active participant in adherence to the RTP protocol.
   c. Each student involved in athletic activities will complete baseline neurophysiological testing prior to the season. Baseline testing will begin in the 5th grade.
2. **Coaches**
   a. The concussion guidelines will be reviewed annually with coaches.
   b. The Safety in Youth Sports Act (Act 101): All coaches must complete the concussion management certification training course offered by the Centers for Disease Control and Prevention, The National Federation of State High School Associations or another provider approved by the Department of Health once each school year. A coach shall not coach an athletic activity until the coach completes the training course required by the act.
   c. The coach will also be educated on the importance of adhering to the concussion protocol should a concussion occur. They must be an active participant in adherence to the RTP protocol.
3. Parents
   a. Parents will be educated on the importance of taking responsibility for reporting their child’s signs and symptoms to the coach or ATC.
   b. Each parent will have the opportunity to attend an informational meeting regarding concussions, the importance of proper concussion management and how preseason baseline assessments can aid in the evaluation, management, and recovery process.
   c. The parent will also be educated on the importance of adhering to the concussion protocol should a concussion occur. They must be an active participant in adherence to the RTP protocol.

**Recognition of Concussion**

Common signs and symptoms of sports-related concussion

1. **Signs (observed by others):**
   - Athlete appears dazed or stunned
   - Confusion (about assignment, plays, etc.)
   - Forgets plays
   - Unsure about game, score, opponent
   - Moves clumsily (altered coordination)
   - Balance problems
   - Personality change
   - Responds slowly to questions
   - Forgets events prior to hit
   - Forgets events after the hit
   - Loss of consciousness (any duration)

2. **Symptoms (reported by athlete):**
   - Headache
   - Fatigue
   - Nausea or vomiting
   - Double vision, blurry vision
   - Sensitive to light or noise
   - Feels sluggish
   - Feels “foggy”
   - Problems concentrating
   - Problems remembering

3. These signs and symptoms are indicative of probable concussion.
Management:
1. Acute Management
   a. Any athlete who exhibits concussion signs/or symptoms while participating with any athletic team will be removed from the remainder of the event and not allowed to perform any activities that may increase the severity of the signs and/or symptoms until a concussion examination has been performed.

   **WHEN IN DOUBT, KEEP THEM OUT**

   b. If a team physician or Certified Athletic Trainer is present at the event, the athlete will be referred to that individual to have a concussion evaluation performed.
   c. After examination by the physician or athletic trainer, no athlete who is suspected to have suffered a concussion shall return to participation on the same day; return on the same day will only be allowed if the team physician and/or athletic trainer determines that no concussion or other brain injury has occurred and that it is safe to return to participation.
   d. If a physician or Certified Athletic Trainer is not present at the event, the head coach for the sport will be responsible for keeping the athlete out of competition for the day and contacting the parents of the athlete.
   e. Any athlete who is exhibiting concussion symptoms must have their parent(s)/guardian notified by the physician, Certified Athletic Trainer, or head coach.
   f. The athlete should be released only to the direct supervision of the parent(s)/guardian unless arrangements have been made between the physician, Certified Athletic Trainer, or head coach and the parent(s)/guardian.
   g. ALWAYS give the parents the option of emergency transportation.

Emergency referral
   a. The athlete will be transported to the nearest medical facility by EMS if any of the following signs/symptoms are noted:
      Loss of consciousness on the field/court lasting greater than 30 seconds
      Deterioration of neurological function
      Decreasing level of consciousness
      Abnormally unequal, dilated, or unreactive pupils
      Any signs or symptoms of associated head/neck injuries, spine or skull fractures, or bleeding
      Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation
      Weakness or numbness
      Slurring of speech
      Headaches that are worsening over time
      Cranial nerve deficits.
   b. Athletes that are stable, but symptomatic can be transported by parents.
   c. Athletes whose parents are not at the practice or game shall be notified immediately by the ATC or head coach.
Non emergent referral

a. Initial 24-72
b. Athletes will be instructed to check in with ATC
   1. Concussion symptom checklist will be completed by ATC daily
   2. Coaches will be notified of concussion and off exercise status
c. Any athlete who demonstrates signs and symptoms of a concussion will not be permitted to play or practice until cleared.
d. Athletes will undergo post-concussion neurophysiological testing, ImPACT testing, supervised by ATC.
e. Activity restrictions, such as elimination of driving, computer usage, texting, social media outlets and avoidance of bright/loud environments will be conveyed by ATC.
f. ATC will be responsible for notifying school nurse and school administration.
g. Students may be permitted to continue with classes, however if classes exacerbate symptoms an adapted school day may be recommended.

Return to play guidelines

1. Returning to participate on the same day of injury
   a. As previously discussed in this document, an athlete who exhibits signs or symptoms of concussion, or has abnormal sideline cognitive testing, should not be permitted to return to play on the day of the injury. Any athlete who denies symptoms but has abnormal sideline cognitive testing should be held out of activity.
   b. “When in doubt, hold them out.”

2. Return to play after concussion
   a. The athlete must meet all of the following criteria in order to progress to activity:
      B. Asymptomatic at rest and with exertion (including mental exertion in school) AND:
      c. Within normal range of baseline on post-concussion ImPACT testing AND:
      c. Have written clearance from primary care physician or specialist (athlete must be cleared for progression to activity by a physician other than an Emergency Room physician).
      d. Physician clearance from an office base examination does not necessarily mean an athlete is ready for return to their sport. Physical exertion activities must be assessed and a gradual full play may take days to weeks.

3. Once the above criteria are met, the athlete will be progressed back to full activity following a stepwise process. The stepwise activity progression is based on recommendations in the Zurich Consensus Statement from the 3rd International Congress on Concussion in Sport.
4. Progression is individualized and will be determined on a case by case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the athlete, sport/activity which the athlete participates, extended duration of symptoms, and athlete involved in a collision or contact sport should be progressed more slowly.

5. Stepwise progression may include:

<table>
<thead>
<tr>
<th>Rehabilitation Stage</th>
<th>Functional exercise at each stage of rehabilitation</th>
<th>Objective of each stage</th>
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<tbody>
<tr>
<td>1. No Activity</td>
<td>Complete physical and cognitive rest</td>
<td>Recovery</td>
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<td>2. Light aerobic exercise</td>
<td>Walking, stationary bike, No resistance training</td>
<td>Increase HR</td>
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<tr>
<td>3. Sport specific exercise</td>
<td>Running drills, No head impact activities</td>
<td>Add movement</td>
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<tr>
<td>4. Non-contact training drills</td>
<td>Progression to more complex training drills (e.g. passing drills in football). May start progressive resistance training.</td>
<td>Exercise, coordination, cognitive load</td>
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<td>5. Full contact practice</td>
<td>Following medical clearance, participate in normal training exercises</td>
<td>Restore confidence, assessment of functional skill by coaching staff</td>
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<td>6. Return to play</td>
<td>Normal game play</td>
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Note: If the athlete experiences post-concussion symptoms during any phase, the athlete should drop back to the previous asymptomatic level and resume the progression after 24 hours.

6. The ATC and athlete will discuss appropriate activities for the day, and the athlete will be given verbal and/or written instructions regarding permitted activities.

7. The athlete should see the ATC daily for re-assessment and instructions.

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