

St. Joseph's Collegiate Institute (SJCI) Concussion/ Head Injury Policy

A concussion is a mild traumatic brain injury (MTBI), which is a reaction by the brain to a jolt or force that can be transmitted to the head by an impact or blow occurring anywhere on the body. Essentially, a concussion results from the brain moving back and forth or twisting rapidly inside the skull. The symptoms of a concussion result from a temporary change in the brain's function.

In a small number of cases, or in cases of re-injury during the recovery phase, permanent brain injury is possible. Therefore avoiding re- injury and over- exertion until full recovery becomes the most important aspect of the SJCI concussion policy. Children and adolescents are more susceptible to concussions and take longer than adults to fully recover. Therefore, it is imperative that any student athlete who is suspected of having sustained a concussion be immediately removed from athletic activity (e.g., PE class, and sports) and remain out of athletic activities until evaluated and cleared to return to athletic activity by a physician, and completing the RTP Protocol set forth by the NYS concussion management and awareness act.

SJCI recognizes the potential for head injuries in all school activities, and will ensure that all reasonable precautions will be taken to minimize the likelihood of such injuries happening. Each SJCI coach, physical education teacher, school nurse, and certified athletic trainer who works with or provides instruction to students in school-sponsored athletic activities (including physical education class and recess) shall complete a course of instruction every two (2) years in the recognition of concussions and the proper monitoring and referral for appropriate medical care. The instruction can be completed by courses approved by the NYSED. The SJCI Director of Athletics oversees the certification and re- certification for this course.

Any student athlete exhibiting signs, symptoms, and/or behaviors suggestive of a concussion while participating in a school sponsored class, extracurricular activity, or interscholastic athletic activity shall be removed from the game or activity and shall be evaluated as soon as possible by an appropriate health care professional. The coach, school nurse, or athletic trainer shall notify the student athlete's parents/guardians and recommend appropriate monitoring.

Should a student athlete sustain a potential concussion or head injury, the SJCI head injury form can be found online on the SJCI athletics website, under the student-athlete registration tab, at the bottom of the page. This form needs to be signed by the athlete's doctor at each appointment they have, but most importantly needs to be signed in order to be cleared to begin the RTP (return to play) graduated exercise protocol. The CDC "heads up" information/ website link and the NYS Public High School Athletic Association safety and research page that hosts their concussion management information is also found in the same location on the SJCI athletics' page.

If a student athlete sustains a concussion at a time other than when engaged in a school-sponsored activity, SJCI expects the parent/guardian to report the condition to the school nurse so that the school can support the appropriate management of the condition.

SJCI recognizes the importance of the private physician's care of the student athlete and will do all it can to support any recommendations from the student athlete's doctor with regard to school activities. The SJCI school physician will make the *final* decision on return to school activities including physical education class and after-school sports.

The Concussion Management Policy will be reviewed yearly by the Concussion Management Team, which includes SJCI's doctor, the director of athletics and the certified athletic trainer.

Within the athletic program the following measures will be followed:

- a. Players should be proactively instructed on sport-specific safe body alignment and be encouraged to be aware of their surroundings.
- b. The AD will ensure that coaches are instructing student athletes to refrain from initiating contact with their head or to the head of another player.
- c. The AD will ensure that athletic venues are prepared as safely as possible (team benches sufficiently far from the playing field to be safe, for example) and appropriate safety equipment is used. He will ensure that all interscholastic athletic competition rules are followed and rules of sportsmanship are enforced.

The Following signs and symptoms are most often associated with sports related concussion;

Signs:

- Loss of consciousness
- Nausea or vomiting
- Athlete appears dazed or stunned
- Confusion (about assignments, plays, etc.)
- Forgets plays
- Unsure about game, score, opponent
- Moves clumsily (altered coordination)
- Balance problems
- Personality or behavior changes
- Responds slowly to questions
- Forgets events prior to hit
- Forgets events after hit

Symptoms:

- Headache
- Fatigue
- Nausea or vomiting
- Double vision, blurry vision
- Sensitive to light or noise
- Feels sluggish
- Feels foggy
- Problems concentrating
- Problems remembering

IMMEDIATE REFERRAL

1. A student athlete with a witnessed loss of consciousness (LOC) of any duration should be assessed for a potential cervical spine injury, all complex concussions that include CNS alteration or deterioration will be transported by EMS using full neck injury precautions. Less complex concussions, the means of transportation will be determined by the ATC's physical exam.
2. A student athlete who has symptoms of a concussion and is not stable (condition is deteriorating) is to be transported to the nearest emergency department via emergency vehicle.
3. A student athlete who exhibits any of the following signs is unstable and should be transported to the nearest emergency room:
 - Deterioration of neurological function
 - Decreasing level of consciousness
 - Decrease or irregularity of respirations or pulse
 - Cervical spine pain and/or tenderness
 - Obvious deformity of the cervical spine
 - Non- resolving neurologic signs and symptoms
 - Unequal, dilated or nonreactive pupils
 - Any signs or symptoms of associated injuries, spine or skull fractures
 - Fluid (clear or blood) from the eyes, ears, nose, and mouth
 - Seizure activity
 - Cranial nerve deficits
 - Mental status change: difficulty maintaining arousal, increasing confusion, or increasing agitation.
4. A student athlete who is symptomatic but stable (not exhibiting any signs of instability listed above), may be transported by his or her parents. The parents should be advised to contact the student athlete's primary care physician or concussion specialist within 24 hours. If they feel the student athlete's condition is worsening, they should be advised to go to the emergency room.
5. If the parents are not available, a responsible individual may be allowed to transport the student athlete home if the individual understands the home care instructions and is able to monitor the athlete. Efforts should continue to be made to contact the parents or emergency contact.
6. Parents should always have the option of emergency transportation, even if it is not deemed necessary.

GUIDELINES FOR THE CERTIFIED ATHLETIC TRAINER (ATC)

7. The ATC will assess the injury or provide guidance to the coach if unable to physically attend to the athlete.
8. The ATC will perform serial assessments using any of the following; SAC (Standardized Assessment of Concussion), SCAT5 (Sport Assessment Concussion Tool 5), Excelsior

Orthopaedics Athletic Trainer Head Injury Report, and/or BESS (Balance Error Scoring System).

9. Immediate referral to the hospital will be made when medically appropriate as outlined above.
10. The ATC will notify the student athlete's parents as soon as possible and offer the appropriate medical referral and follow-up care.
11. The ATC will encourage follow-up with the student athlete's primary care physician or concussion specialist.
12. The ATC will give the parents' home care instructions.
13. The ATC will give the parents follow-up care instructions.
14. The ATC will maintain communication with the parents regarding the student athlete's status including return to play until the athlete is fully recovered.
15. The ATC will notify the school nurse of the injury as soon as possible. The school nurse will then initiate appropriate follow-up in the school immediately upon the student athlete's return to school with a doctor's note.
16. The ATC will continue to coordinate care of the student athlete with the school nurse.
17. The ATC will initiate and complete the NYS 6 phase/day RTP (return to play) protocol with the student athlete and keep proper documentation.

GUIDELINES FOR COACHES

18. Any student athlete who exhibits signs or symptoms of a concussion should be removed from play immediately and should not be allowed to return to activity that day. All coaches should be familiar with the signs and symptoms of a concussion and up to date on certification from the CDC (2 year renewal, see the director of athletics for more information if needed).
19. If a coach suspects the student athlete has sustained a concussion, the student athlete should be removed from activity until medically evaluated.
20. Refer the student athlete for medical evaluation.
21. Coaches should report all head injuries to the certified athletic trainer (ATC) as soon as possible for medical assessment, management, and follow-up care.
22. Coaches should seek assistance from the host site ATC if at any away contest.
23. If the ATC is not available, the coach is responsible for notifying the student athlete's parents of the injury.
 - The coach should contact the parents, inform them of the injury, and make arrangements for the parents to pick the student athlete up. The coach is to remain with the athlete until the parents arrive.
 - The coach should encourage the parents to follow-up with the student athlete's primary care physician or concussion specialist.
 - The coach should instruct the student athlete to report directly to the school nurse the day he or she returns to school after the injury with a doctor's note when possible.
 - The coach should contact the ATC and provide the student athlete's name and phone number so follow-up can be initiated.
24. In the event the student athlete's parents or emergency contacts cannot be reached and the athlete is able to be sent home (rather than directly to medical evaluation):

- The coach should insure that the student athlete will be with a responsible individual who is capable of monitoring the athlete and understands the home care instructions before allowing the athlete to go home.
- The coach or ATC should continue efforts to reach the parents or emergency contacts.
- If there is any question about the status of the student athlete, or if the student athlete is not able to be monitored appropriately, the student athlete should be referred to the emergency department for evaluation. A coach, ATC, or designated school administrator should accompany the student athlete and remain with the student athlete until the parents arrive.
- Any Student athlete with a suspected head injury should not be permitted to drive home.

25. A SJCI online injury report needs to be completed within 24 hours.

FOLLOW-UP CARE DURING THE SCHOOL DAY

26. Responsibilities of the school nurse after notification of a student athlete's concussion: The student athlete will be instructed to report to the school nurse upon his or her return to school. Then the school nurse will:

- Notify the student athlete's guidance counselor and teachers immediately and include an individualized health care plan as needed.
- Notify the student athlete's physical education teacher that the student athlete is restricted from all physical activity until further notice.
- If the school nurse receives notification from someone other than the ATC (parent, athlete, physician note) that the student athlete has sustained a concussion, the ATC should be notified as soon as possible.
- Monitor the student athlete on a regular basis during the school day.

27. Responsibilities of the student's guidance counselor:

- Monitor the student athlete closely and recommend appropriate academic accommodations to the student athlete's teachers.
- Communicate any changes made to the student athlete's individual education plan to the school nurse.

RETURN TO PLAY GUIDELINES AFTER CONCUSSION

* Any student athlete who exhibits signs or symptoms of a concussion, and/or has abnormal cognitive testing shall not be permitted to return to play on the day of the injury. Any student athlete who denies symptoms but has abnormal sideline cognitive testing should also be held out of activity.

28. Return to play after concussion:

- The student athlete must meet all of the following criteria in order to return to activities:
 - Have been seen and cleared by a physician, either their primary care physician or concussion specialist
 - Have a signed SJCI head injury form, with a minimum of a doctor's note

- Asymptomatic for at least 24 hours.
 - Cognitive testing (ImPACT) has returned to the athlete's baseline testing.
 - Graduated progression back to full activity, with no resumption of symptoms during the process.
29. The student athlete's primary care physician's wishes with regard to returning to school and accommodations in school will be honored. However, returning a student athlete to full athletic activity is the *sole* responsibility of the school physician.
30. Once the student athlete has been cleared for RTP (return to play) by their primary care doctor or concussion specialist, has their head injury form signed by their doctor or a minimum of a doctor's note and is asymptomatic for at least 24 hours, the athlete may begin a graduated progression of activity leading to full activity.
- This process will be supervised by the ATC.
 - The progression of activity will be individualized based on the student athlete's concussion history, the duration of symptoms, the age of the student athlete, and the specific sport the athlete is returning to.
 - The student athlete will complete an ImPACT test between phase 2 and 4, that will need to show results being back to their baseline and will be reviewed by the school doctor clearing them for participation and continuation on to phase 5 & 6.
31. The RTP (return to play) graduated progression protocol (following the guidelines of the Zurich Progressive Exertion Protocol, as set by NYS):

Phase 1: low impact, non-strenuous, light aerobic activity such as walking or riding a stationary bike. If tolerated without a return of symptoms over a 24 hour period, proceed to:

Phase 2: higher impact, higher exertion, and moderate aerobic activity such as running or jumping rope. No resistance training. If tolerated without return of symptoms over a 24 hour period proceed to:

Phase 3: sport specific non-contact activity. Low resistance weight training with a spotter. If tolerated without a return of symptoms over 24 hours proceed to:

Phase 4: sport specific activity, non-contact drills. Higher resistance weight training with a spotter. If tolerated without a return of symptoms over a 24 hour period, proceed to:

Phase 5: full contact training drills and intense aerobic activity. If tolerated without return of symptoms over a 24 hour period proceed to:

Phase 6: Return to full activities without restriction.

Phase 6 can include a sports contest or game; this is the earliest one can return to a sports contest of game.

* If the student athlete experiences post-concussion symptoms during any phase, the student athlete drops back to the previously tolerated phase and resumes activity after 24 hours.

*The ATC and the student athlete will discuss daily appropriate activities. The student athlete should see the ATC and/or school nurse daily for reassessment and instructions until back to full activity. After return to full activity the ATC should continue to monitor the student athlete for a few days for the return of symptoms or signs.

*Any student athlete who went to see a doctor for a potential head injury *without* being directed from an SJCI employee will need to provide a doctor's note stating they were seen. ***IF*** a note is provided stating they are not at risk for having a concussion/head injury, they will complete an ImPACT test that will be reviewed by the school doctor. If the ImPACT test results in being within their baseline, the athlete will need to complete one full practice before return to contests and/or games. If the ImPACT test is not within their baseline, they will need to complete the full 6 phase RTP (return to play) protocol, including repeating the ImPACT test until it is up to their baseline results. This is however at the digression of the school doctor, school nurse and ATC to determine. Situations can arise where they need to modify the protocol.

*Any student athlete who went to see a doctor for a potential head injury, *sent by an SJCI employee* will need to provide a note from the doctor saying they were seen. ***IF*** the note indicates that they did not sustain a concussion, and are not at risk for a head injury, they will need to complete modified RTP (return to play protocol) that will be a minimum of an ImPACT test that is back to the athlete's baseline, and a phase 4-6. This is however at the digression of the school doctor, school nurse and ATC to determine. Situations can arise where they need to modify the protocol.