

UPPER DAUPHIN AREA SCHOOL DISTRICT

ADMINISTRATIVE REGULATIONS

HEAD INJURY PROTOCOL AND RETURN TO PLAY GUIDELINES

UPDATED: AUGUST 2, 2017

Introduction

The following guidelines are intended to be used when a student-athlete sustains an injury to the head or is identified as having symptoms that may be the result of a brain injury. It is important to determine whether a concussion has occurred prior to the athlete returning to play.

The protocol and written guidelines will be reviewed by the Certified Athletic Trainer, School Physician and Athletic Director every two years and approved by the School Administration. All athletic department staff will be required to review these Administrative Regulations each time that they are modified.

Definitions

Concussion: A disturbance in brain function caused by a direct or indirect force to the head. The injury includes a variety of signs and symptoms, some examples listed below, and may or may not involve loss of consciousness (LOC). A concussion should be suspected by presence of **one or more** of the following:

1. <u>Signs (observed by others)</u>	2. <u>Symptoms (as reported by athlete)</u>
<ul style="list-style-type: none">• Appears dazed• Confused about play• Moves Clumsy• Answers slowly, delayed• Abnormal behavior (personality changes)• Memory Loss• Loss of Consciousness• Irritability	<ul style="list-style-type: none">• Headache• Nausea• Balance Problems• Double Vision (diplopia)• Sensitivity to light (photophobia)• Sluggish• Feeling "Foggy"• Changes in sleep pattern• Cognitive changes

Cognitive Impairment

General cognitive impairment (altered or diminished cognitive function) can be determined by sideline cognitive testing. The certified athletic trainer can use SCAT (Sports Concussion Assessment Tool) or other standardized tools for cognitive testing.

ImPACT™ (Immediate Post-Concussion Assessment and Cognitive Testing) neurocognitive testing will be administered to the student once he/she is asymptomatic.

1. ImPACT™ is a research based software tool used to evaluate recovery after a concussion. ImPACT™ is a computer-based examination that evaluates multiple aspects of

neurocognitive function including verbal memory, visual memory, attention, processing speed, reaction time and severity or symptoms experienced.

2. ImPACT™ testing is to be utilized to help the Physician and ATC determine recovery and assist with the return to play decision making. ImPACT™ is not a diagnostic tool and post-injury tests will be administered once the student-athlete is asymptomatic to prevent worsening of symptoms.
3. ImPACT™ testing is required for **ALL** Upper Dauphin Area student-athletes 7th to 12th grade. Baseline testing will be administered prior to PIAA participation, and will be reassessed every 2 years to 9th and 11th grade student-athletes as well as incoming 7th grade student-athletes. Baseline testing will also be administered to those who have not yet taken a baseline examination and are participating in a sport.
4. Post-injury testing results will be reviewed with the parent/guardian and student-athlete. A copy of the results will be given to the primary care physician for further review, with permission from parent/guardian.
5. Repeat testing (post-injury 2, 3) will be given, depending on clinical presentation, in appropriate intervals until scores return to baseline.

Management and Referral Guidelines

1. If an obvious head injury occurs or a student-athlete reports any of the symptoms identified earlier in these Administrative Regulations to a coach or the ATC, the student-athlete must be immediately removed from play.
2. The ATC will immediately evaluate a student-athlete if a concussion is suspected. The ATC will assess the student-athlete following the recommendations of the National Athletic Trainers Association (NATA) Statement on Concussions.
3. If the ATC is not present, the coach **MUST** remove the student-athlete from play and notify the ATC immediately.
4. Any student-athlete with **one or more** of the signs and symptoms listed above shall be evaluated by the ATC. The ATC/physician will further evaluate the student-athlete to determine the plan of care and initiate the concussion protocol and return to play guidelines as appropriate.
5. Any student-athlete with a severe increase of sign and/or symptoms, rapid deterioration in vital signs and/or mental status, cranial nerve deficits, any signs or symptoms of cervical spine injury and/or fracture upon evaluation should be transported immediately via EMS (spine-boarding) following the Upper Dauphin Area All-Hazards Plan as appropriate.
6. Any student-athlete who has symptoms believed to be the result of a concussion, but is stable, may be taken for further evaluation via parent/guardian.

Parent Communication

1. If a student-athlete through a SCAT, or other cognitive testing tool, shows any symptoms that may be attributed to a concussion, the parents will be contacted.
2. The athlete's parents will be given options for further treatment. The parents will be advised to contact a physician (PCP, Urgent Care, etc.), or seek care at the nearest emergency department.
3. All communication for a student-athlete with concussion symptoms shall flow through the ATC as the primary point of contact.

4. The contact with the parent must be made via a school issued device or personal device used by a school employee or contractor. The student's device shall not be used for parent contacts.
5. The communication with the parents and any associated notes will be recorded in the current Student Information System being used by the Upper Dauphin Area School District.
6. The parent/guardian will be given verbal and/or written instructions for home and follow-up care.

Home Care, Athlete and Parent Education

1. The parent/guardian will be instructed for the athlete to rest both physically and mentally after sustaining a concussion, until symptoms resolve and they are medically cleared by the physician (avoid TV, computer, texting, etc.).
2. The parent/guardian and athlete will be instructed not to take any non-prescription or prescription medication following a head injury without medical supervision.
 - a. Medications include but are not limited to aspirin, anti-inflammatory medications (NSAID) or sedating pain medications.
 - b. Tylenol (acetaminophen) may be recommended by the physician and/or ATC after 48-72 hours.
3. The parent/guardian and athlete will be instructed not to drive or operate any type of vehicle while symptomatic.
4. The parent/guardian will be instructed to look for any changes or increase in signs and symptoms. If any changes in the athlete's condition are noticed, then seek medical care immediately.

Follow-up Care of the Athlete

1. The Upper Dauphin Area Middle School or High School Nurse will be contacted and notified of the concussion as soon as possible by the ATC.
2. The UDA School Nurse will be instructed to notify the Building Principal and Guidance Counselors of the injury so that appropriate school accommodations can be made for the injured student through his/her teachers.
3. The student-athlete should be monitored on a regular basis throughout the school day.
4. If the UDA School Nurse is notified a student-athlete has sustained a concussion from someone other than ATC (student, parent/guardian, physician, etc.), the ATC should be notified immediately to assess the student-athlete and implement the concussion protocol as appropriate.

Return to Play Guidelines after Concussion

1. If a student-athlete presents with any of the signs and/or symptoms above with a mechanism of a head injury shall be removed from play and evaluated by the ATC.
2. A student-athlete may not return to play that day if a concussion is suspected.
3. The student-athlete must meet ALL of the following criteria in order to return to full participation:
 - a. The student-athlete must be asymptomatic at rest, without the use of medication, and with exertion, mental and physical activity.

- b. The student-athlete must be within normal range of their baseline on the ImPACT™ test.
- c. The student-athlete must have written clearance by a MD/DO on Section 8 of the PIAA CIPPE form to return to full contact participation.
 - i. This clearance must be completed by the MD/DO that originally provided documentation of a concussion diagnosis.
 - ii. Any concerns regarding clearances will be resolved in consultation with the Upper Dauphin Area School District's school physician.
- d. Once the student-athlete is cleared by the physician, they must follow a stepwise supervised progression into full participation as outlined below:

Rehabilitation Stage	Functional Exercise at each stage of Rehabilitation	Objective
No activity	Physical and cognitive rest	Recovery
Light aerobic exercise	Walking, stationary bike, running at 70% predicted HR max	Increase HR
Sport-specific exercise	No head contact, drills specific to sport played	Add movement
Non-contact training drills	Progression to more complex training drills. May start progressive resistance training.	Exercise, coordination, and cognitive load
Full contact practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional ability by coaching staff
Game Play	Normal Game Play	

**There should be at least 24 hours for each stage and if symptoms return, the athlete should rest until they resolve then resume the program at the previous asymptomatic stage. If the athlete is symptomatic for more than 10 days, then a consultation by a concussion specialist will be recommended.*

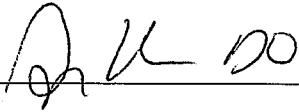
Injuries Across Seasons

1. If a student-athlete ended one season under care for concussion symptoms, that student-athlete must have a Section 8 of the PIAA CIPPE form completed by a physician prior to being allowed to begin *Return to Play Guidelines*.
2. Even if a parent signs a Section 7 of the PIAA CIPPE form and indicates no concussion symptoms, the Upper Dauphin Area School District will require Section 8 to be completed if the District has any knowledge of a potential concussion during the prior season.
3. Prior to returning to practices or competitions in the new season, the player must complete *Return to Play Guidelines* following the guidelines identified in this document.

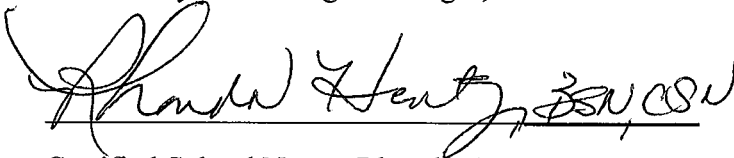
References

1. McCorry P et al. Consensus Statement on Concussion in Sport- the 3rd International Conference on Concussion in Sport held in Zurich, November 2008. *British Journal of Sports Medicine*. 2009; 43:i76-89.
2. Sport Concussion Assessment Tool 3. *British Journal of Sports Medicine*. 2013; 47: 259-262.

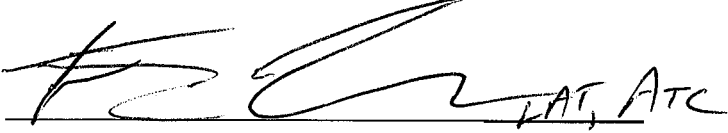
Signatures



School Physician: Angela Klinger, DO



Certified School Nurse: Rhonda Hentz, BSN, CSN



Athletic Trainer: Kristin Lyons, LAT, ATC



Athletic Director: Brent E. Bell