

AR 6145.22 CONCUSSION IN STUDENT ATHLETES

GUIDELINES FOR CONCUSSION MANAGEMENT

Concussions are a serious concern for students participating in sports. A concussion is a traumatic brain injury. The effects of concussion can be mitigated by prompt recognition and appropriate response. These guidelines focus on concussion education, prevention, uniform concussion response, and safe and appropriate return-to-play.

Education of coaches, athletes, and parents about the nature and risks of concussion is in the best interest of student-athletes at the middle and high school levels. A competitive athletic culture of playing through pain or "toughing it out" puts student-athletes at risk of brain injury, disability, and/or death as a result of concussion and repeat concussion injuries. Allowing a student-athlete to return to play before recovering from a concussion greatly increases the risk of serious and permanent injury.

TRAINING

Initial Training for Coaches: All coaches must receive initial training in the recognition and management of sports concussions, including an understanding of these guidelines. Initial training is required prior to the start of the applicable season. Training may consist of face-to-face training and/or online training modules. The district will document that training has occurred.

Refresher Training: All coaches will receive subsequent training at least every three years. Coaches will complete refresher training in conjunction with their Sports First Aid certification three year renewal, even if the renewal date occurs sooner than three years following initial concussion training. The Superintendent or designee may require refresher training more often if it is determined to be necessary on an individualized or group basis.

PREVENTION

Sports Equipment: Proper utilization of sports equipment can help prevent concussions. The district shall utilize the following procedures:

1. Safety equipment will be maintained in proper working condition.
2. The equipment utilized will be appropriate for the athlete and the position.
3. No athlete may be permitted to play without required equipment.
4. Safety equipment must fit properly and be worn correctly.

Athlete Education: The head coach and/or athletic trainer is responsible for ensuring that all participating athletes receive instruction on the risks of concussion. Instruction shall occur at the beginning of the season and throughout as appropriate. Instruction will cover the following:

1. The signs and symptoms of concussion.
2. The importance of reporting concussion symptoms experienced by the athlete or observed in a teammate.
3. The importance of full recovery for health, safety, and performance.
4. The importance of safety rules in minimizing the risk of concussion.
5. The importance of rules of the game and sportsmanship in minimizing the risks of concussion.
6. Any other procedures or prevention tools for the applicable sport.

CONCUSSION FACT SHEET FOR PARENTS AND ATHLETES

Each student who registers for a District-sponsored sport will receive a fact sheet on the nature and risks of concussions. The fact sheet will also be disseminated to each participant's parent or guardian for athletes under the age of 18.

A student may not participate in school athletic activities unless the student and parent/guardian have signed a verification of receipt of this required information. Schools shall keep a copy of the signed form on file. Only one verification is needed per school year, even if the student participates in more than one sport.

RISKS AND STANDARDS FOR RETURN TO PLAY

Note: The following standards for return to play include those guidelines developed by ASAA, utilizing recognized standards for gradual and safe return to play for a concussed athlete.

Identifying Concussion and Determining the Level of Medical Response

A student who is suspected of having sustained a concussion during a practice or game shall be immediately removed from the activity. An individual who has received concussion training, to include a coach, EMT, or other medical provider, should immediately observe for any signs, symptoms and abnormalities to help determine whether an athlete has suffered a concussion and how urgently he or she should be sent for appropriate medical care. Assume a concussion occurred if the head was hit and even the mildest symptoms are present.

The following situations should result in immediate emergency care:

- An athlete has a loss of consciousness of any duration.
- An athlete has symptoms of concussion and is not stable because the athlete's condition is changing or deteriorating.
- An athlete exhibits or reports any of the following symptoms:
- Any signs or symptoms of spine or skull fracture, or bleeding • Blurry or double vision

- Decreased or irregular pulse or breathing
- Difference in pupil size from right to left eye or pupils that do not react to light (fixed/dilated pupils)
- Headache that gets significantly worse over time
- Noticeable changes in the level of consciousness • Seizure activity
- Slurred speech
- Vomiting

If no emergency is apparent, but other signs of concussion are present, close observation of the athlete should continue for a few hours. No athlete will return to play (RTP) on the same day of concussion, even if symptoms clear within minutes.

Return-to-Play Clearance

A student who has been removed from participation in a practice or game for suspicion of concussion will not return to play until the student has been evaluated and cleared for participation. A student may be cleared in writing by an athletic trainer or other "qualified person" who has received training, as verified in writing or electronically by the qualified person, in the evaluation and management of concussions. Under Alaska law, a "qualified person" means either

1. a health care provider who is licensed in the state or exempt from licensure under state law; or
2. a person who is acting at the direction and under the supervision of a physician who is licensed in the state or exempt from licensure under AS 08.64.370(1) [medical providers in the Armed Services or the United States Public Health Service while in the discharge of their official duties], (2) [out-of-state physicians or osteopaths consulting with in-state doctors or osteopaths in the diagnosis or treatment of cases], or (4) [medical providers in the Armed Services or the United States Public Health Service volunteering services without pay to a medical facility].

After Medical Clearance, Return to Play ("RTP") Step-Wise Protocol

The District will utilize a protocol of gradual RTP to maximize student safety. Gradual RTP permits a greater assessment of student recovery and permits monitoring for the return of any signs or symptoms of concussion.

Symptomatic Period - Rest is recognized as the best treatment for concussion. No exercise should be engaged in if any signs or symptoms of concussion are present. When there have been no symptoms for 24 hours, and the qualified provider has cleared the athlete to begin the Return-to-Play Protocol, then Day 1 begins.

Return-to-Play Protocol - This program begins only after all symptoms of concussion have resolved. It is to take place over a minimum of 6 days, with at least 24 hours

between each step. The rate of progression through the steps in this program is individualized. Factors that may slow the rate are history of previous concussions, number/severity/duration of concussive symptoms, young age, and the risk of the sport. Physical or cognitive activity that provokes recurrence of concussive symptoms may delay recovery and increase the risk of future concussion. If symptoms recur at any step, then physical and cognitive activity stop for 24 hours and are then reinitiated at the previous step.

Day 1

15 Minutes of Light Aerobic Activity (Walk, Exercise Bike, etc.)

Trial half day of school. No homework. No testing.

If no return of symptoms, then:

Day 2

30 Minutes of Light to Moderate Aerobic Activity (Walk, Exercise Bike, etc.)

Trial full day of school. No Homework. No testing.

If no return of symptoms, then:

Day 3

30 Minutes of Moderate to Heavy Aerobic Activity

Full day of school. Regular homework assignments. No testing.

If no return of symptoms, then:

Day 4

30 Minutes of Heavy Aerobic Activity and 15 Minutes of Resistance Exercise (Push-ups, Sit-ups, Weight Lifting).

Full day of school. Regular homework. Regular testing.

If no return of symptoms, then:

Day 5

Return to Practice with NON CONTACT Limited Participation.

If no return of symptoms, then:

Day 6

Return to Full Practice WITH CONTACT

School/Medical Concussion Care Plan

Schools should establish a team comprised of a parent, school staff member and the qualified provider to develop and utilize a care plan for each student who has been diagnosed with a concussion. The plan should include the following sections:

- Determination of Symptoms
- Returning to Daily Activities
- Returning to Sports
- Gradual Return to School and Play (RTP) Protocol

The school should disseminate the Concussion Care Plan to all appropriate staff, including the student's teachers, the nurse, the athletic trainer, the coach, the athletic director, and the principal, as applicable.

Throughout the incremental return to school and exercise, the principal or designee should designate a staff member, preferably a school nurse if available, who meets with the athlete daily to determine the level of symptoms, to evaluate the response to increases in hours of school and intensity of exercise, to decide if the athlete will advance to the next increment of return, and to communicate daily status reports to the athlete, the parent, the health care provider supervising the concussion care, and senior school staff.

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