

## **Levelland Independent School District Concussion Management Policy**

The following policy has been developed by Levelland ISD in conjunction with the concussion management oversight team to fulfill the requirements of HB 2038 (Natasha's Law). The goal of this policy is to assist parents, faculty, and students in understanding the dangers of a concussion and outline the steps to returning to play following a concussion. It also serves as a reference for the evaluation methods and management protocols of any student athlete who sustains a concussion while involved in athletics within LISD.

### **Levelland ISD Concussion Oversight Team:**

LISD will form a concussion oversight team as required by HB 2038. The concussion oversight team will consist of the following members:

Kelsey Beal MAT, LAT, ATC\*\*  
Athletic Trainer  
[kbeal@esc17.net](mailto:kbeal@esc17.net)  
806.891.8152

Randy Jackson MAT, LAT, ATC\*\*

Lubbock Sports Medicine  
Stephen Cord, MD  
Kevin Crawford, MD  
Robert King, MD  
Field Scovell, MD  
4110 22<sup>nd</sup> Place  
Lubbock, TX 79410  
806.792.4329

\*\* Designates LISD Concussion Oversight Team Administrator

### **A. BACKGROUND**

Medical management and understanding of sports-related concussions is evolving. LISD has established this policy to provide education about concussions for athletic department staff, faculty, parents, and students. This policy outlines procedures for staff to follow in managing concussions as it pertains to return to play issues after a concussion.

LISD seeks to provide a safe return to play procedure for all athletes after a concussion. In order to effectively and consistently manage these injuries, procedures have been developed to aid in ensuring that concussed athletes are identified, treated, and referred appropriately, receive appropriate follow-up medical care during the school day, including academic assistance, and are fully recovered prior to returning to activity.

## **B. PARENT CONSENT**

Each year prior to participation in practice or competition, the student and student's parents or guardian or another person with legal authority to make medical decisions for the student, must sign a consent acknowledging the risk of concussion and the LISD concussion management policy. The UIL will develop this form. Until then the acknowledgement of rules will suffice for this requirement.

## **C. PRE-SEASON NEUROCOGNITIVE TESTING**

LISD will utilize ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing). ImPACT is the first, most widely used, and most scientifically validated computerized concussion management system. All high school athletes will undergo baseline testing before the season. Baseline testing should be updated for each athlete every two years according to ImPACT. For any athlete within LISD (junior high and high school) ImPACT will be used following a suspected concussion as part of the management of the injury.

## **D. DEFINITION AND COMMON SIGNS AND SYMPTOMS**

A concussion is an injury caused by traumatic force or impact that causes a complex pathophysiological process affecting the brain which may include temporary or prolonged altered brain function resulting in physical, cognitive, and/or emotional symptoms or altered sleep patterns. It may or may not involve loss of consciousness.

### Signs and symptoms of a concussion may include:

Headache	Nausea	Vomiting
Balance Problems	Dizziness	Fatigue
Trouble falling asleep	Sleeping more than usual	Sleeping less than usual
Drowsiness	Sensitivity to light	Sensitivity to noise
Irritability	Sadness	Nervousness
Feeling more emotional	Numbness or tingling	Feeling slowed down
Feeling mentally foggy	Difficulty concentrating	Difficulty remembering
Visual Problems		

## **E. RESPONSE TO SUSPECTED CONCUSSION**

i. A student shall be removed from practice or competition immediately if one of the following persons believes the student might have sustained a concussion.

- 1) Physician
- 2) Athletic Trainer
- 3) Coach
- 4) Licensed Health Care Professional

5) The student's parent or guardian or another person with legal authority to make medical decisions for the student.

ii. The student will not be allowed to return to practice or competition that day, will require a physician's clearance, and must meet the requirement of this policy before returning to activity.

iii. The student's parents or guardian or another person with legal authority to make medical decisions for the student will be notified by a coach or Athletic Trainer that a suspected concussion has occurred.

iv. Referral to an emergency medical center will be made if the student:

- 1) Has a witnessed loss of consciousness
- 2) Has a declining mental and/or physical functioning
- 3) Has any sign of an associated injury to the head and/or neck.

v. The student should not be left alone, serially monitored and may only be released to a parent or guardian or another person with legal authority to make medical decisions for the student.

vi. The parent or guardian or another person with legal authority to make medical decisions for the student chooses so they always have the right to seek emergency medical care.

## **F. RETURNING TO PRACTICE OR COMPETITION**

A student removed from practice or competition under the suspicion of having a concussion may not be permitted to resume practice or competition until:

i. The student has been evaluated using established medical protocols based on peer-reviewed scientific evidence by a treating physician chosen by the student's parent or guardian or another person with legal authority to make medical decisions for the student.

ii. The treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to practice or competition.

iii. The student and the student's parents or guardian or another person with legal authority to make medical decisions for the student:

- 1) Have acknowledged that the student has completed the requirements of the return to play protocol.
- 2) Have provided the treating physician's written release to the concussion oversight team administrator.
- 3) Have signed the UIL Return to Play for stating they:

- a. Have been informed concerning and consents to the student participating in returning to play in accordance with the return to play protocol established by the concussion oversight team.
- b. Understand the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol.
- c. Consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996, of the treating physicians written statements under Subdivision 3 and, if any, the return to play recommendations of the treating physician.
- d. Understands the immunity provisions under Section 38.159 of the Texas Education Code.

## **G. ACADEMIC ACCOMODATIONS**

It may be necessary for students with a concussion to have cognitive rest as well as physical rest in order to achieve maximum recovery in the shortest period of time. Cognitive rest may include not using cell phones, computers, video games, TV's, and school modifications. LISD will work in conjunction with physician and staff recommendations to make the appropriate accommodations'.

## **H. RETURN TO PLAY PROTOCOL**

In accordance with latest research and recommendations the following return to play protocol will be used:

- i. The student must be asymptomatic at rest and with normal activity (attending school) for 24 hours prior to initiating any physical activity and have a written release from a physician.
- ii. The student must be within normal limits on the ImPACT test as compared to his/her baseline scores or normative data in the absence of a baseline test.
- iii. Each phase of this protocol will last 24 hours and the student must remain asymptomatic to progress to each additional phase. If the student becomes symptomatic during any phase the student may not progress to the next phase until they become asymptomatic again. If symptoms persist the student must be re-evaluated by a physician.

Phases for Return to Play:

### *Phase 1:*

Light aerobic exercise, 5-10 minutes on exercise bike or light jog. No weight lifting or resistance.

*Phase 2:*

Moderate aerobic exercise, 15-20 minutes. May initiate light resistance exercise (i.e. resistance bands, wall squats, lunges, etc.)

*Phase 3:*

Individual, non-contact drills and weight training exercises

*Phase 4:*

Full contact practice

*Phase 5:*

Full activity including games

## **I. SUBSEQUENT CONCUSSION**

Any subsequent concussion requires further medical evaluation and strict adherence to the provisions of this policy with consideration for disqualification of a student with multiple concussions based on physician recommendations.

## **J. EDUCATION**

LISD will ensure that all appropriate staff is trained in accordance with HB 2038.