

GRAND JUNCTION HIGH SCHOOL

1911 - 2011

100 YEARS OF EXCELLENCE



CONCUSSION MANAGEMENT PLAN

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Grand Junction High School Concussion Management Plan

References:

State of Colorado, Senate Bill 11-040, March 14, 2011

The REAP Project: Reduce, Educate, Accommodate and Pace, Rocky Mountain Youth Sports Medicine Institute, Center of Concussion, March 2011

A. Introduction:

According to Doctors William P. Meehan III, Pierre d’Hemecourt, and R. Dawn Comstock, PhD, in their study titled “High School Concussions in the 2008 – 2009 School Year”, published in the June 2011 edition of *A Journal of Sports Medicine*”, an estimated 136,000 concussions occur per academic year in high schools alone. The effects of repetitive concussions and the potential for catastrophic injury have made concussion an injury of significant concern for young athletes.”

The Center for Disease Control (CDC) reports that an estimated 1.6 to 3.8 million sports and recreation related concussions occur in the United States each year. Of those concussions, 90% do not involve a loss of consciousness (LOC).

The National Federation of State High School Associations in the brochure titled “Suggested Guidelines for Management of Concussions in Sports” warns us that “even what appears to be a “minor ding or bell ringer” has the real risk of catastrophic results when an athlete is returned to action too soon.”

As a result of studies and guidelines such as these and the lessons learned and documented in “The REAP Project”, funded by an Education Grant from the Colorado Traumatic Brain Injury Trust Fund in 2009, mild traumatic brain injuries (mTBI) are a major concern for all schools that offer high risk contact sports. Our knowledge of the impact of these injuries and our treatment has changed in the past two years based on new research.

This Concussion Management Plan provides the policies and procedures that administrators, coaches, certified athletic trainers (CAT), school staff, students and parents in the Grand Junction Professional Learning Community will follow in order to provide our students a safe environment in which to compete in high risk contact sports and when concussed students are identified, we will follow a series of protocols that result in referral to and treatment by the appropriate Health Care Provider, appropriate follow-up medical care by a certified athletic trainer (CAT) during the school day, accommodations by multi-disciplinary teams, and full recovery prior to returning to activity. This protocol will also be used when we receive information that student-athletes and students who are non-athletes have also been concussed.

This protocol will be reviewed on a yearly basis by the Grand Junction High School Principal, Athletic Director, School Nurse, School Psychologist, Certified Athletic Trainer, and members of the Counseling Department. Any changes or modifications will be reviewed and provided to the athletic department, counseling department, school faculty, students, and parents in writing during annual scheduled training.

B. High Risk Sports

There are a number of sports that pose greater risk for collision and contact than other sports. According to the American Academy of Pediatrics, sports are classified according to their probability for collision or contact. “In "collision" sports (e.g., field hockey, football, etc.) athletes purposely hit or collide with each other or inanimate objects, including the ground, with great force. In "contact" sports (e.g., basketball and soccer), athletes routinely make contact with each other or inanimate objects but usually with less force than in collision sports. In "limited-contact" sports (e.g., softball and squash), contact with other athletes or inanimate objects is infrequent or inadvertent.”

Participation in collision and contact sports increases the likelihood that an athlete may suffer from a concussion. Therefore, students participating in collision and contact sports will be managed more closely than athletes participating in “limited contact” sports.

The following collision and contact sports are offered at Grand Junction High School.

<i>Fall</i>	<i>Winter</i>	<i>Spring</i>
Football	Boys/Girls Basketball	Baseball
Boys Soccer	Girls Diving	Boys/Girls Lacrosse
Softball	Wrestling	Girls Soccer
Girls Volleyball	Cheerleading/POMS	
Cheerleading/POMS		

Students at GJHS also participate in a number of activities that could also be considered collision or contact activities. They are mountain biking, snowboarding, building jumping, etc.

C. The GJHS Concussion Management Program Components:

The Grand Junction High School (GJHS) Concussion Management Program includes the following five key components:

1. **Verified Training of Coaches** on concussion risks, recognition, and management.
2. **Education of Parents and Student-Athletes (SA)** on concussion risks, signs and symptoms, and post-injury management for sports and school. Parents and SAs read, sign and submit to the GJHS Activity/Athletic Director (AAD) the Parent Information

Sheet on Concussions before the first practice. GJHS is also responsible for informing the parents and students who are non-athletes about concussion risks, signs and symptoms, and post-injury management in school.

3. **Immediate Removal from Play** of any SA suspected of sustaining a concussion in a practice or game. We will follow this simple principle, **“When in doubt, sit them out.”** Additionally, we will never allow a SA to return to sports or physical education classes on the same day the injury occurred.

We will follow the same protocol when we receive word that a student who is a non-athlete has suffered a concussion. He/she will be removed from all physical education classes and activities that may impact the student’s condition, within the parameters of medical profile provide by a health care provider.

4. **Written Clearance to Return-to-Play (RTP)** of the SA by a health care provider (HCP). The written clearance must be received by the coach before the SA is allowed to return to the field/court. We will follow this simple principle, **“Return to play requires medical OK.”**

The school nurse or school health assistant must receive written clearance to return to full participation in physical education classes and other high risk activities before the student will be allowed to return to full participation in sports classes/activities.

5. **Treatment of the SA/Student in School.** School personnel, to include teachers, counselors, nurses, psychologists, and administrators will be trained on concussion management in the school. They will be informed of the SA/student’s injury and its specific symptom manifestations – physical, cognitive, emotional, sleep. An individual concussion management action plan will be developed and implemented to assist the SA/student’s recovery, providing maximally tolerated academic activities.

C. REAP Model of Concussion Management:

GJHS uses the REAP Project Community Based Concussion Management Model to implement the previously mentioned five key program components and to coordinate and collaborate with the appropriate individuals to develop and supervise a sports concussion management action plan that will help our student athletes achieve the safest and quickest recovery from a concussion.

1. **The Concussion Management Team.** GJHS uses a Concussion Management Team (CMT) to oversee the school’s concussion management program. The CMT consists of the Principal, the Assistant Principals, the Activity/Athletic Director, the School Nurse, the School Psychologist, the Chair of the Counseling Department, and the Certified Athletic Trainer (CAT) who supports GJHS. The CMT will coordinate and collaborate

with members of the Multi-Disciplinary Teams identified in the REAP Model to design an individualized sports concussion management plan (SCMP) when a student-athlete is injured and concussed.

2. **Multi-Disciplinary Teams Managing Concussions.** The REAP Model recommends using “Multi-Disciplinary Teams” to manage concussions. These recommended Multi-Discipline Teams include the Family Team, the School Team – Physical, the School Team-Cognitive, and the Medical Team.
 - a. **The Family Team (FT)** consists of the student and his or her parents/legal guardians. This team may also include grandparents, friends, primary care givers, and others. This team is responsible for watching, monitoring, and tracking the emotional and maintenance symptoms of the concussion. It is important that this team identify a single point of contact who will communicate with the School and Medical Teams.
 - b. **The School Team-Physical (ST-P)** includes coaches, our certified athletic trainer (CAT), physical education teachers, the school nurse, and others. The school CAT is the primary point of contact for this team. She/he is responsible for watching, monitoring, and tracking the physical symptoms of the concussion. As a minimum, the CAT will provide the athletic director and head coach a daily status report on the condition of the concussed athlete. When the CAT is not present during the school day, the school health assistant will submit this report.
 - c. **The School Team-Academic (ST-A)** includes the student’s administrator (one of our three assistant principals, unless otherwise noted), school psychologist, counselor, progress monitor, school nurse (school health assistant in the nurse’s absence), and teachers. The student’s counselor is this ST-A’s primary point of contact. She/he is responsible for watching, monitoring, and tracking the academic and emotional effects of the concussion. The counselor will accomplish this task by collaborating with the student’s teachers, progress monitor, attendance secretary and administrator to collect information to determine which physical, emotional, cognitive, and maintenance symptoms the student is displaying in class and throughout the school.
 - d. **Medical Team (MT)** includes the emergency departments in the local hospitals, the primary health provider, the school nurse, the certified athletic trainer, and others as deemed appropriate. Because of his/her daily availability, the school nurse is the individual who is responsible for coordinating with the points of contact for the Family Team, School Team-Physical, and School Team –Cognitive to collect the information on the student’s status and report that information to the student’s primary health care provider.

3. **Definitions of REAP.** REAP stands for **R**educe, **E**ducate, **A**ccommodate, and **P**ace. More specifically, this acronym and program means that we will:

- a. **Reduce** the potential for further injury or stress to the brain by reducing both physical and cognitive demands.
 - b. **Educate** applicable individuals on the signs and symptoms of a concussion and then manage the multi-disciplinary teams to return the student-athlete to play as quickly and safely as possible.
 - c. **Accommodate** the concussed student-athlete physically and cognitively.
 - d. **Pace** the student-athlete's Return to Play (RTP) using a Graduated Return to Play Protocol that allows the student-athlete to resume normal physical and cognitive activities based on the degree that symptoms of a concussion are present.
4. **REAP Practices at Grand Junction High School for Student-Athletes.**
- a. We **Reduce** the potential for further injury or stress to the brain by reducing both physical and cognitive demands by following these simple steps.
 - 1) In accordance with Section 25-43-103(3) of Senate Bill 11-040, "the Jake Snakenberg Youth Concussion Act", when a coach suspects that an athlete has sustained a concussion following an observed or suspected blow to the head or a body in a game, competition, or practice, the coach shall immediately remove the athlete from the game, competition, or practice.
 - 2) When an athlete is removed from play pursuant to the above mentioned subsection and the signs and symptoms cannot be readily explained by a condition other than concussion, the coach shall notify the parent or guardian and shall not permit the athlete to return to play (RTP) or participate in any supervised team activity involving physical exertion, including games, competitions, or practices, until the student-athlete is evaluated by a health care provider (HCP).
 - a) At practices and home games, when a certified athletic trainer (CAT) is present to determine whether or not the signs and symptoms cannot be readily explained by a condition other than concussion, the CAT will inform the student/athlete's parent/guardian. After parent/guardian notification, the student-athlete may be transported to a hospital or treated by the CAT until the arrival of the parent/guardian.
 - b) At away games, the CAT available to support our team or the sports doctor covering the game will inform the coach of the condition of the injured student-athlete. If the signs and symptoms of the injured student-athlete cannot be readily explained by a condition other than concussion, the CAT or sports doctor determine whether the student-athlete should be transported to a local Emergency Room or the student-athlete can return to Grand Junction with the team without additional medical support. Depending on the size of the sports team, the condition of the student athlete, and the availability of the SA's parents/guardians, the head coach may decide to:
 - Have a coach stay with the concussed SA and the coach and SA returns to GJ with the team.
 - Have a coach stay with the concussed SA until the team departs for GJ. The coach departs with the team after receiving permission from the SA's parents/guardians to leave the SA unattended by a GJ coach but under the supervision of the hospital staff.

- Have a coach stay with the concussed SA and the coach rents a vehicle and returns to GJ with the SA after receiving clearance from the SA's parents/guardians to transport the SA to GJ in either a privately owned automobile or a rental vehicle.
 - The coach stays with the concussed SA until the parents/guardians of the student arrive and assume responsibility for the SA. The coach returns to GJ via a privately owned vehicle or a rental vehicle.
- c) The student-athlete removed from a practice or game because of a suspected concussion **MUST** be evaluated and cleared by a health care provider prior to returning to play. Prior to allowing a student-athlete to return to play, the coach must receive a written clearance from the HCP for the student-athlete to RTP. Note: A HCP means a doctor of medicine, doctor of osteopathic medicine, licensed nurse practitioner, licensed physician assistant, or licensed doctor of psychology with training in neuropsychology or concussion evaluation and management.
- d) No GJHS SA will be allowed to return to play the same day the injury occurred.
- e) All student-athletes who have had a prior concussion at any time must be cleared by a HCP. Again, this clearance must be provided in writing.
- f) All student-athletes must follow a Gradual Return to Play Protocol (minimum of 5 days) prior to returning to full participation.
- g) The Brian Injury Resource Team is also available to provide assistance as required.
- 3) The coach of the concussed student-athlete or the CAT will inform the Activity/Athletic Director (AAD) of the injury. The AAD will convene the ST-P and the ST-A to reduce the physical and the cognitive demands on the student-athlete.
- b. We **Educate** the members of the multi-discipline teams by being proactive in providing professional development on an annual basis. Education starts with knowing what a concussion is and is not and knowing the signs and the symptoms of concussions. It ends with managing the multi-disciplinary teams as we implement sports concussion management action plans to return student-athletes to play as soon as possible.
- 1) *What is a concussion?* A concussion is a mild traumatic brain injury (mTBI). Mild traumatic brain injuries may be caused by a bump, blow, or jolt to the head. Even a “ding or bell ringer” can be serious. Symptoms can range from mild to severe and can disrupt the way the brain works.
- 2) *Signs and Symptoms of Concussions:* Concussions are “functional” injuries, not structural injuries. Therefore, they can't be seen. There is no one single indicator for concussions. Concussions can take time to appear and can become more noticeable during concentration and learning activities in the classroom. Concussions are typically diagnosed by careful examination of the signs and symptoms of concussion at the time of the injury and after the injury. Signs observed by others and symptoms reported by the concussed athlete include:

Signs (Observed by Others)

- Athlete appears dazed or stunned
- Confusion
(About assignment, plays, etc.)
- Forgets plays
- Unsure about the game, score, opponent
- Moves clumsily
- Balance problems
- Personality change
- Responds slowly to questions
- Forgets events prior to hit
- Forgets events after hit
- Loss of consciousness (LOC), any duration

Symptoms (Reported by the Athlete)

- **Physical – How a Person Feels Physically**
 - Headache
 - Fatigue
 - Nausea or vomiting
 - Double vision, blurry vision
 - Sensitive to light
 - Neck Pain,
 - Disorientation
- **Emotional - How a Person Feels Emotionally**
 - Inappropriate emotions
 - Personality
 - Nervousness/Anxiety
 - Irritability
 - Lack of Motivation
- **Cognitive – How a Person Thinks**
 - Feels sluggish
 - Feels “foggy”
 - Problems concentrating
 - Problems remembering
 - Slowed speech
 - Easily confused
- **Maintenance - How a Person Experiences Their Energy Level and/or Sleep Patterns**
 - Excess sleep
 - Trouble falling asleep
 - Sleeping less than usual
 - Drowsiness

3) *Danger Signs.* If a GJHS student exhibits any of the following danger signs after a bump, jar or jolt to the head or body or behavioral changes are noted, he/she should be taken to an emergency department immediately.

One pupil larger than the other	Is drowsy or cannot be awakened
A headache that gets worse and does not go away	Weakness, numbness, or decreased coordination
Repeating vomiting or nausea	Convulsions or seizures
Cannot recognize people or places	Becomes increasingly confused, restless, or agitated
Has unusual behavior	Loses consciousness

- 4) *Coaches Annual Training.*
 - a) In accordance with Section 25-43-103(1) of Senate Bill 11-040, each Grand Junction High School coach must complete an annual concussion recognition course. This course shall include the following: information on how to recognize the signs and symptoms of a concussion, the necessity of obtaining information on the nature and risk of concussions, including the danger of continuing to play after sustaining a concussion, and the proper method of allowing an athlete who has sustained a concussion to RTP.
 - b) In accordance with Section 1620.3 of the Colorado High School Activities Association Handbook Constitution and By Laws, each Grand Junction High School coach who has sole responsibility for a team must annually complete training via one of two options: the Online NFHS Concussion Course or a school organized sports medicine review that includes a head trauma/concussion component and emergency evacuation procedures.
 - 1') In order to complete the NFHS "Concussion in Sports-What You Need to Know" go to <http://www.nfhslearn.com/> and click Register Now. If you are already registered, go to the same website and sign in. Click the "Concussion in Sports-What You Need to Know" link. Click on the Redeem License button. You will need to obtain the license number from the athletic director. When you successfully complete the course, print off the certificate of completion and provide a copy of the athletic director.
 - 2') At GJHS, there are two ways you can fulfill the school organized sports medicine review.
 - i. Attend a CHSAA sponsored clinic specifically for your sport. Insure you sign-in when you report for the clinic.
 - ii. Attend a local rules clinic for your sport. Insure you sign-in when you report for the clinic.
 - c) Prior to the fall, winter, and spring sports seasons, the Activity/Athlete Director (AAD) will conduct a coaches meeting. During these meetings, the AAD will cover, as a minimum, the protocols listed in this plan.
- 5) *Staff and Faculty Training.* Each year, during the first in-service (back-to-school in-service) meeting of the school year, the GJHS Principal and the Activity/Athletic Director will train the members of the staff and faculty on the protocols listed in this plan. As a minimum, this presentation should reference the new law, the reason behind the law, the five key components of our concussion management program, the REAP Model and the role of each of the multi-disciplinary teams. The presenter will also cover the Grade Symptom Scale and the reporting frequency for teachers.
- 6) *Parent Training.* Each year, the Activity/Athletic Director will address this plan and its associated protocols with student-athletes and their parents during our fall, winter and spring sports parent information nights.

- a) In order to participate in any extra-curricular athletic activity, GJHS requires student-athletes and the student-athletes' parent or guardian to review information on concussions on an annual basis (every 12 months). This information will include a parent and student-athlete fact sheet on concussions. See Enclosure 1 for a copy of this Information Sheet.
 - b) Parents or guardians will also be provided a "Letter to Parents/Guardians" regarding the ImPACT Testing Program, and the Consent Form for the ImPACT Testing Program. See a copy of the letter and consent form at Enclosures 2 and 3, respectively.
- 7) *Concussion Management Team Training.* Before the start of each school year, the GJHS principal will convene a meeting of the GJHS Concussion Management Team. During this meeting, he/she will cover any changes in the law and the protocols listed in this document.
- 8) *Institutional Awareness.* The protocols identified in this plan will be incorporated into the GJHS Faculty Manual, Coaches Handbook, and the Student Handbook beginning with the 2012 – 2013 school year. These resources will be used to educate the members of our professional learning community.
- 9) *Brain Injury Resource Team (BIRT).* The district's Brain Injury Resource Team (BIRT) is composed of staff representing various disciplines, including nursing, psychology, speech-language pathology, and occupational therapy, who volunteer their time and expertise to assist schools in providing support to students with acquired brain injuries. The emphasis has been on those students who have sustained moderate to severe traumatic brain injury who are returning to school. However, efforts are expanding to include assisting schools in the development of management protocols for addressing the needs of students who have suffered concussions.

The GJHS principal or AAD will coordinate annually at the beginning of the school year with the BIRT to determine how the BIRT can assist the GJHS Concussion Management Team better fulfill its responsibilities. The School Psychologist who supports GJHS is a member of the BIRT and can us updated throughout the school year of changes that affect our concussion management program and protocols.

- 10) *Managing the Multi-Disciplinary Teams.*
- a) Good concussion management is based on a strict protocol of thorough symptom monitoring. The day of injury is considered Day 1. Recovery also starts on Day 1. According to the Center for Disease Control (CDC)/Grand-view High School study, "symptom frequency and intensity are typically the highest Days 1 through 4, continue through Week 1 and begin to wane throughout Weeks 2 and 3." Therefore, it is imperative that we check and monitor symptoms systematically from the time of injury through the end of Week 3.

- b) All members of the multi-disciplinary teams, to include the concussed student-athlete, must learn to use the Post-Concussion Symptom Scale (PCSS) and the Graded Symptom Checklist (GSC). The PCSS enables a single point of contact (POC) to meet with the concussed student-athlete to rate the severity of the symptoms on a scale from 0 to 6. The single POC uses the Graded Symptom Checklist (GSC) to track the presence of symptoms from the time of injury to a point in time 72 hours after the injury. See Enclosures 4 and 5 for copies of these forms. The GJHS Health Assistant will use the Teacher's Checklist provided at Enclosure 6 to monitor students who come to the Health Office with or complaining on a head injury.
 - c) Students will be monitored on a 3-7-7-7 day schedule.
 - d) Members of the multi-disciplinary teams will use the Recovery Plan Matrix at Enclosure 7 to prescribe or complete specific tasks that will aide and expedite recovery.
 - e) When a student-athlete has suffered a concussion, the following steps will be taken after the student-athlete's immediate injury has been treated by a medical profession.
 - 1') The coach of the student-athlete will notify the CAT/AAD of the concussion.
 - 2') The AAD notifies each multi-disciplinary team's POC of the injury and calls for a meeting of the Concussion Management Team.
 - i. Any time a member of the CMT is informed of a student/SA with a concussion, he/she should notify the other members of the CMT.
 - ii. Communications between the various POCs should be accomplished via phone, email or face-to-face meetings, whichever is the most convenient and effective.
 - iii. When communicating via e-mail, each member of the CMT should create a group e-mail list titled "CMT" that includes the e-mail address of each member of the SMCT: Principal, APs, School Psychologist, School Nurse, Health Assistant, CAT, Chair of the Counseling Department, all school counselors, and the secretary to the AAD.
 - iv. As a minimum, the recipient of the information should inform the other members of the "who", "what", "when", "where", and "how" of the situation/student/SA.
 - 3') The Concussion Management Team will determine which POC will meet with the student-athlete (daily or at a specified intervals) to objectively rate the symptoms. This POC is then responsible for notifying the POCs for monitoring the various symptoms of any areas of symptom concerns or improvements so accommodations can be made.
 - 4') Members of the Concussion Management Team will use the recovery plan matrix found at Enclosure 7 to proscribe specific activities over a three to four week period.
- c. We **Accommodate** for learning and behavioral challenges student-athletes may experience after a brain injury. Members of the multi-disciplinary team are

challenged to keep the concussed student-athlete physically and emotionally engaged at the appropriate level based on the intensity of the symptoms displayed until the student-athlete is ready to return 100% to play.

- 1) See Enclosure 8 for a list of the most common post-concussion problems and suggested accommodations.
 - 2) See Enclosure 9 for the Gradual Return to Play Protocol recommended in the 2008 Zurich Consensus Statement on Concussion in Sport.
- d. We **Pace** or monitor and control the rate of recovery and return to play based on the Concussion Management Team's best assessment of whether or not the student-athlete is ready to return 100% to play. This decision is made after considering whether or not the symptoms are diminishing and resolving/disappearing and are the symptoms worsening or returning upon exertion.
- 1) No single member of the GJHS Concussion Management Team will make the decision to return a concussed student-athlete to play. This will be a team decision.
 - 2) Team decisions will be based on information collected over a minimum of three weeks and from multiple sources.
 - 3) GJHS will use the Immediate Post-Concussion Assessment and Cognitive Testing (ImpACT) software program to assist us in diagnosing and managing concussions.
 - a) Before beginning a contact sport practice or competition, the coaches of the student-athletes will administer the computerized test to his/her SA. This is a non-invasive test set-up in a "video game" format, and it takes about 25 to 30 minutes to complete. The test tracks information such as memory, reaction time, speed, and concentration.
 - b) The initial baseline test may be administered in any of the computer classrooms in the high school, prior to the initial contact practice of the sports season.
 - c) When a student-athlete suffers a concussion, sometime shortly after the incident, the student-athlete will be administered the test again by either the coach, CAT or AAD. These individuals administer the follow-up test by coordinating with the Supervisor of our Student Learning Center. The pre- and post-injury results will be shared with the student-athlete's parents/guardians with the expectation that they will share the results with their health care provider to determine when return to play is appropriate. .
 - d) During the 2011-2012 season, all football players, boys and girls soccer players, and boys and girls lacrosse players will be administered the ImpACT test.
5. Concussion Management by the School Team-Physical (ST-P). The following steps will be taken when a student-athlete (SA)/student suffers a blow to the head.
- a. The SA is immediately removed from play.
 - b. The coach of the SA notifies the CAT/AAD.
 - c. The SA is examined by either a CAT or a doctor who is available to support the activity.

- 1) The CAT will be involved in all aspects of the concussion management process including:
 - a) Initial evaluation
 - b) Subsequent re-evaluations
 - c) Communication with parents, teachers, counselors, coaches, physicians, the AAD, and administrators.
 - d) Return to play progression
 - e) Final return to play clearance
- 2) When at practices or games, the CAT or doctor may use the Pocket Sports Concussion Assessment Tool (SCAT 2) Card as a baseline assessment tool. See Enclosure 10 for a copy of this card.
- 3) Coaches at every level of competition at GJHS are provided a copy of the SCAT 2 card at the beginning of their season.
- 4) When the CAT or doctor can complete a more thorough evaluation, he/she may use the complete four page SCAT 2 form. See Enclosure 11 for a copy of this form.
- d. The CAT/doctor examines the SA and determines one of three courses of action - the SA should be transported to the nearest or designated emergency department, the SA should be released to his/her parents until they can make an appointment for the SA to be seen by the family's HCP, or the CAT will manage the SA's return to play. Any athlete with a suspected concussion should be
 - 1) **REMOVED FROM PLAY IMMEDIATELY,**
 - 2) **IMMEDIATELY ASSESSED,**
 - 3) **MONITORED FOR DETERIORATION,**
 - 4) **NEVER LEFT ALONE,** and
 - 5) **NEVER ALLOWED TO DRIVE A MOTOR VEHICLE, UNTIL MEDICALLY EVALUATED.**
- e. The CAT contacts the SA's parent/guardian, and informs the parent/guardian of the incident and the decision to transport the SA to an emergency department or to monitor the SA until an appointment with the HCP can be made. If the former, the CAT asks the parent/guardian if she/he has a preference on which emergency department the SA should be transported to. The SA is transported to the applicable emergency department.
- f. If the SA is transported to emergency department, the SA is seen by an emergency department physician and either released with a written clearance for Gradual Return to Play or referred to the SA's HCP. If the emergency department physician clears the SA for Gradual Return to Play, due to the severity of the signs and symptoms present during the initial assessment, it is recommended that the SA be referred to his/her HCP because of the possibility of delayed signs and symptoms not being present in the first 24 hours.
- g. If the SA is referred to his/her HCP, the HCP can decide to either manage the concussion or refer the SA to the CAT for the CAT to manage the concussion.
- h. If the HCP manages the concussion, the CAT will have a post injury ImPACT test administered through the GJHS Student Learning Center. The results of the ImPACT test will be provided to the SA's family who will release the information to the family

- HCP. The SA's test results must return to the pre-injury baseline prior to the SA starting a Gradual Return to Play Protocol.
- 1) The SA's parent/guardian must sign a Consent Form for ImPACT Testing before the SA will be allowed to take a pre- or post-injury ImPACT test.
 - 2) The typical protocol for ImPACT testing requires the SA to take a minimum of four post ImPACT concussion assessments. These assessments will be conducted at the end of the first 72 hours, then at the end of each subsequent seven day period. No more than one post-concussion ImPACT assessment will be given during a 7 day period.
- i. The CAT may be permitted to initially manage the SA if the doctor or HCP has evaluated the SA and determined that the best plan is to have the SA monitored at school or the following are met:
- 1) The SA's signs and symptoms are completely absent within 15 minutes from the time of the injury.
 - 2) The physical and cognitive examinations included in the SCAT 2 are normal within 15 minutes.
 - 3) The balance testing is normal within 15 minutes.
- j. If the CAT manages the SA, he/she will:
- 1) Call the doctor to discuss the SA's concussion, if applicable.
 - 2) Monitor the SA's progress with the grade symptom checklist, physical and cognitive examinations, and the balance test the day after the injury.
 - 3) Refer the SA to the HCP for further management, if the SA has any findings consistent with a concussion the day after the injury.
 - 4) Notify the school RN of the SA's injury, so that the school RN can initiate appropriate follow-up in school immediately upon the SA's return to school.
 - 5) Perform post-injury ImPACT testing when the SA's examination is back to baseline prior to starting a Gradual Return to Play. The SA's examination will include the symptom checklist, physical and cognitive examinations, and the balance testing.
 - 6) Review post-concussion test data with the SA and the athlete's family.
 - 7) Inform the SA's coach of the concussion management protocol for the SA.
 - 8) Check with the HCP to update the assessment and forward written documentation to include the SCAT 2 (if the CAT was present at the time of the injury) and a detailed summary note, which will include all documentation of the injury in a SOAP format. Prior to the SA starting a Gradual Return to Play Protocol, the HCP will review the ImPACT results and the CAT summary notes to decide if the SA should continue forward with a Gradual Return to Play supervised by the CAT (minimum of 5 day progression) or if the SA needs to be seen by the HCP.
 - 9) Begin a Gradual Return to Play Protocol, after receiving clearance from the HCP. If the SA develops any symptoms during the progression, the CAT will contact the HCP to discuss the problem prior to proceeding with the progression to determine the next course of action.
 - 10) Monitor the SA, and keep the school RN and coach informed of the individual's symptomatology and neurocognitive status, for the purpose of modifying the SA's health care plan.

- 11) Return the SA to full play only when the signs and symptoms of the concussion have deteriorated to a 100%.
6. Concussion Management by the School Team-Academic (ST-A). The following steps will be taken by the ST-Academic after a SA has been concussed.
 - a. The AAD will notify the SA's counselor and inform him/her of the SA's concussion and request a meeting of the concussion management team meeting to move forward with the appropriate support.
 - 1) An Amber Alert notification will be sent out informing the members of the CMT that a SA/student has suffered a concussion and that the School Nurse will be following up to possibly develop a health care plan.
 - 2) The initial CMT Meeting will be held after the School Nurse has sent out the health care plan for the concussed SA/student.
 - b. During the CMT meeting, the team will develop a plan to support the SA. As a minimum, this will include daily monitoring of the SA to complete the grade symptom checklist, weekly checks with the SA's teachers, and weekly meetings to review the SA's progress.
 - c. The AAD or the Chair of the Counseling Department will notify the SA's counselor that the SA is concussed and the student's counselor then becomes the primary point of contact (POC) for the ST-Academic. Following the CMT meeting, the SA's counselor will notify the members of the ST-Academic and inform them of a scheduled concussion management meeting.
 - 1) The SA's counselor, the school psychologist, or the school nurse may be assigned to monitor the SA daily and complete the grade symptom checklist.
 - 2) The SA's teachers will complete a grade symptom checklist at the end of each week of the SA's concussion management protocol. The teachers will submit information based on the 3-7-7-7 schedule.
 - 3) The ST-Academic will meet weekly after the previously mentioned information is gathered to assess the SA's progress. Copies of the teachers' grade symptom checklist will be provided to the CAT and the School Nurse/Health Assistant.
 - 4) The individual assigned to monitor the SA daily will provide the CAT the completed grade symptom checklists at the end of each week of the SA's concussion management protocol.
 - d. The school nurse, as a member of the ST-Academic and Physical Teams,
 - 1) Provides an individualized health care plan based on the SA's current condition and initial injury information provided by the family and the CAT. Students who return to school after a concussion may need to:
 - a) Take rest breaks as needed,
 - b) Spend fewer hours at school,
 - c) Be given more time to take tests or complete assignments,
 - d) Receive help with school work, and/or
 - e) Reduce time spent on the computer, reading or writing.
 - 2) Notifies the SA's counselor and teachers of the injury immediately via the SA's individualized health care plan.
 - 3) Provides the parents/guardians a copy of the Grade Symptom Checklist (GSCL) and ask them to continue to observe the SA/student at home for any changes.

- 4) Notifies the CAT/AAD of the injury if this information is received from someone other than the CAT.
 - 5) The AAD will monitor the progress of each SA who is reported as suffering a concussion using the tracking form at Enclosure 12. This form will also be used to track students who are non-athletes.
7. Best Practices for the Non-Student Athlete at GJHS.
- The procedures for monitoring the concussed non-student athlete at GJHS are very similar to those procedures for the student-athlete. They include:
- a. Notification. Notification that a non-student athlete has suffered a concussion/head injury can come from a variety of sources but usually begins with the parent/guardian or student contacting someone at school and telling that individual about the injury the student suffered. The parent/guardian/student may inform the nurse, the health assistant, the student's counselor, one of the student's teachers, the AAD, or an administrator. The important point is that if a member of the CMT receives the initial information, that individual must send out an Amber Alert Notification to the rest of the CMT informing the Team that Student X might have suffered a concussion. If one of the student's teachers receives the information, he/she must notify a member of the CMT who will then initiate the Amber Alert.
 - b. Follow-Up by the Nurse. Once we have received information that a student may have suffered a concussion/head injury, the school nurse will contact the student's parents/guardian to determine the extent of the injury, what medical diagnosis/treatment has been provided, and the current medical condition/status of the student.
 - 1) If the student was determined not to have suffered a concussion/head injury, the school nurse will inform the AAD who will inform the CMT and no further action will be taken at that time.
 - 2) If the school nurse receives information that the student has been diagnosed with a concussion, the nurse will prepare and post a health care plan on Class at a Glance and the appropriate notations will be made in SASI.
 - c. Notification of Teachers. Once the Amber Alert has been sent to the CMT, the student's counselor will inform the student's teachers of the situation.
 - d. Formation of the School Team (ST) – Academic. The student's counselor will convene a meeting of the student's ST-A upon receipt of the student's health care plan prepared by the school nurse. Using the health care plan as the guiding document, the ST-A will develop an academic support plan for the student, teachers will be given copies of the Teachers Checklist, and a schedule for the collection of those checklists will be established.
 - e. Monitoring of the Student. At the each of each part of the 3-7-7-7 cycle, the Grade Symptom Checklists will be collected by the student's counselor and the members of the ST-A will analyze and discuss the information. Prior to this meeting, the student's counselor will coordinate with the student's parents/guardians to solicit information, using the Grade Symptom Checklist or some similar document, to determine how the student has been behaving at home. This information will be shared with the ST-A which will analyze and discuss all of the available information to determine the requisite future support. Copies of the Grade Symptom Checklists

will be provided to the Nurse who will provide that information to the parents/guardians.

8. Responsibilities. See Enclosure 13 for a list of individuals who play a key role in the GJHS Concussion Management Plan and their major responsibilities for the implementation of the plan.

Sample Concussion Management Protocol

Concussion Occurs



Athlete
Removed
From Play
Same Day



- Athlete sent to approved Health Care Provider
- Parent/Guardians/Athletic Director Notified of Injury
- Athlete, Parents/Guardians, and School given information on concussions



School Concussion Management Team
+Medical Team
+Family Team
+School Team – Physical
+School Team – Cognitive

IMPLEMENT CONCUSSION MANAGEMENT PLAN

To address and assess physical and cognitive needs of athlete

(Share plan with certified athletic trainer, school nurse, coach, and parent)

School Nurse shares Health Care Plan with Concussion Management Team +Multidisciplinary Teams

Follow a Graduated Return to Play/Return to Learn Plan

Follow-up Concussion Management Assessment

If symptoms reappear, return to previous Step in concussion management plan And notify Health Care Provider

SA returns to full activity level (athletics and academics) WHEN the protocol is complete and agreed upon by all members of the Concussion

13 Enclosures

- 1-Parent Information Sheet on Concussions
- 2-Letter to Parents/Guardians Regarding the ImPACT Testing Program
- 3-Consent Form for the ImPACT Testing Program
- 4-Post Concussion Symptom Scale (PSCC)
- 5-Grade Symptom Checklist (GSC)
- 6-Teachers Checklist
- 7-Recovery Plan Matrix
- 8-Post Concussion Accommodations
- 9-Graduated Return to Play Plan
- 10-SCAT 2 Card
- 11-SCAT 2 Form
- 12-Concussion Tracking Form
- 13-Responsibilities