

Framingham Public Schools Concussion Policy

Framingham High School Sports Policy

What is a Concussion?

-National Athletic Trainers Association (NATA) - A concussion is a “trauma induced alteration in mental status that may or may not involve loss of consciousness.”

-Centers for Disease Control and Prevention (CDC) - “A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, stretching and damaging the brain cells and creating chemical changes in the brain.” -CDC, Heads Up: Concussion.

http://www.cdc.gov/headsup/basics/concussion_what.html

-Even a “ding,” “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious.” -CDC, Heads Up: Concussion Fact Sheet for Coaches

http://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_fact_sheet_coaches.pdf

Definitions:

- ADL - Activities of daily living. a term used to collectively describe fundamental skills that are required to independently care for oneself such as eating, bathing, and mobility.
- MOI - Mechanism of injury. The manner in which a physical injury occurred.
- RTP - Return to play. The process of deciding when an injured or ill athlete may safely return to practice or competition

Signs and Symptoms of Concussions

Athletes who experience any of the signs and symptoms listed below after a bump, blow, or jolt to the head or body should be kept out of play the day of the injury and until a healthcare professional, experienced in evaluating concussions, provides written clearance that they are symptom free and can return to play.

It is important to note that some athletes may not experience and/or report symptoms until hours or days after the injury. Most people with a concussion will recover quickly and fully. For some people, however, signs and symptoms of a concussion can last for days, weeks, or longer.

Physical: Nausea Vomiting Imbalance Slowed reaction time Dizziness Sensitivity to light Sensitivity to sound Fuzzy or blurry vision

Sleep: Sleeping more or less than usual Drowsiness or fatigue Trouble falling asleep Trouble maintaining sleep

Cognitive: Difficulty thinking or concentrating Difficulty remembering Confusion Feeling mentally foggy Feeling slowed down Decreased attention Decreased retention Distractibility Amnesia

Mood Disruption: More emotional Irritable Sad Nervous Depressed Source:

What the athlete displays/looks like to an observer:

- Confusion/disorientation/irritability
- Trouble resting/getting comfortable
- Lack of concentration
- Slow response/drowsiness
- Incoherent/slurred speech
- Slow/clumsy movements
- Loss of consciousness
- Amnesia/memory problems
- Acts silly, combative or aggressive
- Repeatedly asks the same questions
- Dazed appearance
- Restless/irritable
- Constant attempts to return to play
- Constant motion
- Disproportionate/inappropriate reactions
- Balance problems

What the athlete reports:

- Headache or dizziness
- Nausea or vomiting
- Blurred or double vision
- Oversensitivity to sound/light/touch

· Ringing in ears

· Feeling foggy or groggy

Second Impact Syndrome(SIS):

A condition in which the brain swells rapidly and catastrophically after a person with a developing brain suffers a second [concussion](#) before symptoms from a previous one have subsided. The second blow may occur days or weeks after an initial concussion. Even the mildest [grade of concussion](#) can lead to SIS. The condition is often fatal.

Education & Prevention

1. Coaches
 1. The Athletic Trainer will conduct informational training with the coaching staff during the pre-season coaches meeting
2. Students
 1. The Athletic Director includes concussion informational packets in Family ID for all students to review with an informed consent form to be signed
 2. The students will also listen to a brief informational session from the Athletic Trainer at the beginning of their season
3. Parents
 1. The Athletic Director includes concussion informational packets in Family ID for all parents to review with a consent form to be signed
 2. The Athletic Trainer will conduct a brief informational session during the parent meeting
4. Injury Information/Acknowledge Form
 1. As stated, concussion information and informed consent forms are located on Family ID for students/parents to review and sign
 2. Athletic Trainer will be notified if this is incomplete

Emergency Management

1. Red flags for immediate referral to Emergency Room
 1. **Loss of consciousness for more than 1 minute (911)**
 2. Unusual behavior change
 3. Increasing irritability
 4. Weakness or numbness in arms or legs
 5. Can't recognize people or places

6. Increasing confusion
 7. Slurred speech
 8. **Repeated vomiting (911)**
 9. Look very drowsy, cannot be awakened
 10. Neck pain
 11. **Seizures (911)**
 12. **Pupils of unequal size**
 13. Headaches that worsen
 14. **or any symptom that increases in severity**
2. Location of emergency equipment
 1. Emergency equipment will be located on the golf cart during the outdoor seasons. Equipment will include AED, C-spine collars, splints, etc. and will be located in a large red bag.

Emergency equipment will be located in the Athletic Training Room during the indoor seasons. Equipment will include AED, C-spine collars, splints, etc. and will be located in a large red bag under the treatment table.

Sideline Testing/Non-Emergent Care

1. A sideline evaluation will be administered if a concussion is suspected.
2. If the student athlete reports 1 or more symptoms after a distinct MOI and there is no resolve the athlete will be withheld from play
3. The student athlete should not be allowed to return to participation on the same day that signs and symptoms of concussion are present

Communication

The following individuals will be contacted and informed of the initial evaluation findings within 24 hours of injury:

1. Athlete's parents/guardians
2. Athlete's coaches
3. School Nurse

Accommodations

- B.** The athlete will check in daily (if at school/practice) with the Athletic Trainer to complete the symptom checklist.

- C. Any accommodations requested by the physician will be sent to the nurse.
- D. A written medical note from the physician will be sent to the nurse or athletic director if the athlete is withheld from school and/or associated coursework. The athlete will be required to make-up missed assignments or tests at the convenience of the teacher and/or parent/guardian.

Return to Play

1. Criteria to begin RTP Protocol
2. Symptom free with ADLs and full day of class for 24 hours
3. Written clearance from a licensed healthcare professional trained in the evaluation and management of concussions
4. If at any time signs or symptoms should worsen during the RTP progression the athlete should stop activity that day. If the athlete's symptoms are gone the next day, she/he may resume the RTP progression at the last step completed in which no symptoms were present. If symptoms return and do not resolve, the athlete should be referred back to her/his medical provider
 1. No activity Complete physical and cognitive rest until asymptomatic; School activities may need to be modified Recovery
 2. Light aerobic exercise Walking, swimming or stationary cycling maintaining intensity at less than 70% of maximal exertion; no resistance training Increase heart rate
 3. Sport-specific exercise No contact Skating drills in ice hockey, running drills in soccer; no head impact activities Add movement
 4. Non-contact sport drills Progression to more complex training drills, such as passing drills in football and ice hockey; may start progressive resistance training Exercise, coordination and cognitive load
 5. Full contact sport drills Following final medical clearance, participate in normal training activities Restore confidence and assess functional skills by coaching staff
 6. Full activity No restrictions Return to full athletic participation

If the athlete is not able to complete the RTP protocol within 14 days of initial referral, referral back to the treating physician is initiated, with potential for referral to PT.

Athletic trainer has the final say in the length of the concussion protocol

Modified Return -to -Play

If the athlete has sustained a concussion out-of-season, specifically over a month prior to the start of the athlete's sport season, the RTP protocol may be adjusted.

- A.** If the Athletic Trainer is informed of concussion (at the time of diagnosis), out-of-season RTP can be initiated.
- B.** If the Athletic Trainer is uninformed of concussion or over one month has passed since diagnosis, a modified RTP may be initiated.
 - 1.** Communication with the nurse, concussion specialist, and parents will help to determine the RTP plan
 - 2.** The athlete will still require a physician's note for clearance for the RTP protocol

A modified RTP is unique to the athlete and situation and thus remains fluid in the protocol. A modified RTP may include all of the above, but communication remains key.

When possible, the school nurse will ask students who have provided information of a recent concussion if they plan to be an athlete in any upcoming seasons. When this information is known, the Athletic Trainer will be informed and will immediately begin to work with this student with a full RTP. This would likely enable the student to be cleared for sports prior to their sport season