



# *GREAT HEARTS TEXAS*

Concussion Management protocol

## GUIDELINES FOR CONCUSSION MANAGEMENT

### INTRODUCTION

The Center for Disease Control (CDC) estimates that there are approximately 300,000 cases of mild traumatic brain injury or concussions annually in the United States as the result of participation in sports. The Sports Concussion Institute estimates that 10 percent of athletes in contact sports suffer a concussion during a season. A 2006 report estimated that there were 92,000 cases of concussions in American High School sports annually, and that these rates seem to be increasing. Also of concern is the risk of repeated concussions and second impact syndrome to our young athletes. These two problems can have long lasting, and even terminal effects, on the individual. In order to have a standard method of managing concussions to SISD athletes, the following guidelines are intended to serve as a written protocol for concussion management. These guidelines are reviewed and implemented by the District's Concussion Oversight Team.

### WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are the common result of a blow to the head or body which causes the brain to move rapidly within the skull. This injury causes brain function to change which results in an altered mental state (either temporary or prolonged). Physiological and/or anatomic disruptions of connections between some nerve cells in the brain occur. Concussions can have serious and long-term health effects, even from a mild bump on the head. Symptoms include, but are not limited to, brief loss of consciousness, headache, amnesia, nausea, dizziness, confusion, blurred vision, ringing in the ears, loss of balance, moodiness, poor concentration or mentally slow, lethargy, photosensitivity, sensitivity to noise, and a change in sleeping patterns. These symptoms may be temporary or long lasting.

### PREVENTION STRATEGIES

1. Insist that safety comes first.
2. Teach and practice safe playing techniques.
3. Teach athletes the dangers of playing with a concussion.
4. Encourage athletes to follow the rules of play and to practice good sportsmanship at all times.
5. Make sure athletes wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards).
6. All headgear must be National Operating Committee on Standards for Athletic Equipment (NOCSAE) certified.
7. Make sure the headgear fits the individual and is secured properly to the individual.
8. For all sports that require headgear, a coach or appropriate designate should check headgear before use to make sure they fit and function properly. Padding should be checked to make sure they are in proper working condition.
9. Neuro-psychology testing on students that participate in sports prior to the season.

## GREAT HEARTS CONCUSSION MANAGEMENT PROTOCOL

Student suffers an injury either on the **field, at practice** or elsewhere at school.

1. Remove athlete from play. Athletic trainer or coach should administer a concussion assessment test.
2. **Athlete does not return to the game or practice if he/she has any symptoms that would indicate the possibility of suffering a concussion.**
3. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
4. Provide parents with the following forms:
  - a) Medical provider statement
  - b) Return to play guidelines
  - c) [CDC fact sheet for parents](#)
  - d) Physician referral checklist
5. **In the case of any SUSPECTED concussion, the athlete must be removed from all activity and must complete the return-to-play (RTP) protocol regardless of licensed physician diagnosis. (as per TX State Law HB 2038.)**

Great Hearts RTP protocol uses a six-step progression to gradually and safely return an athlete to play. The athlete should be evaluated each day for symptoms of concussion. He/she should only proceed to the next step if no new symptoms of concussion are present. **Prior to beginning the RTP protocol the student athlete MUST have written clearance from a licensed physician.**

1. Step 1: Back to regular activities including school.  
The student athlete submits written statement from physician stating that he/she may resume participation in athletics following GH RTP guidelines.<sup>1</sup> The student athlete may not participate in any physical activity until symptom free for at least 24 hours. The student may proceed to the next step if asymptomatic.

**Progress continues at 24-hour intervals as long as the student athlete is symptom free at each level. If the student is unable to complete a phase or experiences any post-concussion symptoms during the activity progression, activity is discontinued. After a 24-hour rest period, the student will drop back to the previous asymptomatic level and try to progress again. If symptoms continue during the second, or additional, progressions, then the activity is discontinued, and the treating physician will be contacted for further written instructions.**

2. Step 2: Light Aerobic Activity:  
Begin light aerobic exercise such as 5-10 minutes on an exercise bike, walking, or light jog. No resistance training, weightlifting, or other exercise, at this point.
3. Step 3: Moderate Activity:  
Moderate activity may resume. This includes moderate aerobic exercise such as 15-20 minutes of running at a moderate intensity, moderate weightlifting (less time and weight than typical routine).

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<sup>1</sup> Add Medical provider statement form here.

4. Step 4: Heavy non-contact activity  
Heavy, non-contact activity may resume. This includes regular aerobic training, weightlifting, and non-contact training drills.
5. Step 5: Practice and full contact<sup>2</sup>  
The student may participate in full contact practice or training but not games.
6. Step 6: Competition  
Parent returns the signed UIL RTP form. (Dean, HM, DN) signs form. The student athlete may participate fully.

### **Return to Learn**

Great Hearts takes a collaborative team approach when supporting students returning to school after a concussion. Once a student has been diagnosed by a healthcare provider, the campus establishes a team to work together to meet the student's unique needs. Concussions affect people differently. Most students will have symptoms that last for a few days or a week. A more serious concussion can last for weeks, months or longer. Some modifications to the student's cognitive activity may be necessary. The following steps are used to provide support for the student:

1. Step 1:  
Once the diagnosis of a concussion is made by a health care provider, the school nurse communicates this to the appropriate staff members, including all teachers who interact with the student, coaches, and school administrators. Prior to returning to the classroom the school nurse must have written medical release from the student's physician. The physician should indicate what, if any, restrictions the student should observe.<sup>3</sup>
2. Step 2:  
The nurse acts as the liaison between school personnel, family and health care professionals. The nurse will meet with the parents by phone and determine the need for additional services or accommodations.
3. Step 3:  
The campus team and parents will work together, along with the student's health care provider as appropriate, to assess student progress and monitor the need for and level of accommodations. The student should report to the nurse for assessment each day until academic support is no longer in place.
4. Step 4:  
A timeline will be established for the student to gradually resume unaccommodated school activities as symptoms subside.
5. Step 5:  
If a prolonged recovery, extending beyond several months, seems eminent, a 504 plan or Individualized Education Program (IEP) may be considered.

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<sup>2</sup> Student may not proceed to this step until he/she completes at least one full day of academics without modification not already established in an IEP.

<sup>3</sup> Form for physician to indicate what restrictions.

## **WHAT ARE SIGNS SCHOOL PROFESSIONALS LOOK FOR FOLLOWING A CONCUSSION?**

*(Source: Center for Disease Control Returning to School after a Concussion: A Fact Sheet for School Professionals)*

- Increased problems paying attention or concentrating
- Increased problems remembering or learning new information
- Longer time needed to complete tasks or assignments
- Difficulty organizing tasks or transitioning between tasks
- Inappropriate or impulsive behavior during class
- Greater irritability
- Decreased ability to cope with stress
- More emotional than usual
- Difficulty handling a stimulating school environment (lights, noise, etc.)
- Physical symptoms (headache, dizziness, nausea, visual problems)

### **Possible Accommodations:**

- Allow breaks
- Allow student to wear sunglasses
- Limit computer/screen time
- Reduce brightness on screens
- Reduce/shorten reading assignments
- Change classroom seating as necessary
- Provide a quiet classroom space as needed
- Allow class transitions before the bell
- Postpone major tests/participation in standardized tests
- Reduce class assignments, homework
- Limit physical exertion/recess/PE/athletics

# Appendix

## PHYSICIAN REFERRAL CHECKLIST

Athlete will be sent to see physicians if any of the following symptoms are present.

### DAY OF INJURY REFERRAL

1. Loss of consciousness on the field\*
2. Amnesia
3. Increase in blood pressure
4. Cranial nerve deficits
5. Vomiting
6. Motor deficits subsequent to initial on-field exam
7. Sensory deficits subsequent to initial on-field exam
8. Balance deficits subsequent to initial on-field exam
9. Cranial nerve deficits subsequent to initial on-field exam
10. Post-concussion symptoms that worsen
11. Additional post-concussion symptom as compared with those on the field
12. Athlete is symptomatic at the end of the game
13. Deterioration of neurological function\*
14. Decreasing level of consciousness\*
15. Decrease or irregularity in respiration\*
16. Decrease or irregularity in pulse\*
17. Unequal or unreactive pupils\*
18. Any signs or symptoms of associated injuries, spine or skull fracture or bleeding\*
19. Mental status changes: lethargy, confusion or agitation\*
20. Seizure activity\*

**Note: \*indicates that the athlete needs to be transported immediately to the nearest emergency department.**

### DELAYED REFERRAL (after the day of the injury)

1. Any of the findings on the day of injury referral categories
2. Post-concussion symptoms worsen or do not improve over time
3. Increase in the number of post-concussion symptoms reported
4. Post-concussion symptoms begin to interfere with the athlete's daily activities (i.e. sleep, cognition, depression, aggression, etc.)

**Great Hearts Texas Return to Participation from Concussion – Medical Provider Statement**

Student Name: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

To the treating medical provider,

Please complete this form so that the student may return it to their school athletics department. Students may only return to full participation after receiving a physician statement indicating the ability to begin activity and completion of GHTX's Return to Participation for Concussion procedures. The procedures are a phased return to full activity due to a diagnosed, or suspected, concussion.

**Return to Athletic Participation**

This student may return to athletic activity (contact, weightlifting, etc.) as follows:

\_\_\_\_\_ Full athletic activity upon successful completion of GHTX RTP from Concussion procedures.

\_\_\_\_\_ **May not return to any activity.**

Has follow-up visit on: \_\_\_\_\_

Other Instructions:

General Comments:

\_\_\_\_\_

Physician's **printed** name or stamp: \_\_\_\_\_

Contact number: \_\_\_\_\_

Physician's *signature*: \_\_\_\_\_

Date: \_\_\_\_\_



## EDUCATIONAL ACCOMODATIONS CHECKLIST FOR CONCUSSIONS

**Instructions for Parents & Guardians:** The treating physician is encouraged to complete this form if they recommend classroom accommodations. This sheet will provide the school staff with proper educational accommodations to guarantee your child the quickest recovery possible.

Patient name: \_\_\_\_\_ Date of evaluation: \_\_\_\_\_

Area	Requested Accommodations	
<b>Attendance</b>	<input type="checkbox"/> No School <input type="checkbox"/> Partial School Day as tolerated by student – emphasis on core subject work <i>Encouraged Classes:</i> _____ <i>Discouraged Classes:</i> _____ <input type="checkbox"/> Full School Day as tolerated by student <input type="checkbox"/> Water bottle in class/snack every 3-4 hours	
<b>Breaks</b>	<input type="checkbox"/> If symptoms appear/ worsen during class, allow student to go to quiet area or nurse’s office; if No improvement after 30 minutes allow dismissal to home <input type="checkbox"/> <i>Mandatory Breaks:</i> _____ <input type="checkbox"/> Allow breaks during day as deemed necessary by student or teachers/school personnel	
<b>Visual Stimulus</b>	<input type="checkbox"/> Enlarged print (18 font) copies of textbook material / assignments <input type="checkbox"/> Pre-printed notes (18 font) or note taker for class material <input type="checkbox"/> Limited computer, TV screen, bright screen use <input type="checkbox"/> Allow handwritten assignments (as opposed to typed on a computer) <input type="checkbox"/> Allow student to wear sunglasses/hat in school, seat student away from windows and bright lights <input type="checkbox"/> Reduce brightness on monitors/screens <input type="checkbox"/> Change classroom seating to front of room as necessary	
<b>Auditory Stimulus</b>	<input type="checkbox"/> Avoid loud classroom activities <input type="checkbox"/> Lunch in a quiet place with a friend <input type="checkbox"/> Avoid loud classes/places (i.e., music, band, choir, shop class, gym and cafeteria) <input type="checkbox"/> Allow student to wear earplugs as needed <input type="checkbox"/> Allow class transitions before the bell	
<b>School Work</b>	<input type="checkbox"/> Simplify tasks (i.e., 3 step instructions) <input type="checkbox"/> Short breaks (5 minutes) between tasks <input type="checkbox"/> Reduce overall amount of in-class work <input type="checkbox"/> Prorate workload (only core or important tasks)/eliminate non-essential work <input type="checkbox"/> No homework <input type="checkbox"/> Reduce amount of nightly homework _____ minutes per class; _____ minutes maximum per night <input type="checkbox"/> Will attempt homework, but will stop if symptoms occur <input type="checkbox"/> Extra tutoring/assistance requested <input type="checkbox"/> May begin make-up of essential work	
<b>Testing</b>	<input type="checkbox"/> No Testing <input type="checkbox"/> Additional time for testing/ untimed testing <input type="checkbox"/> Alternative Testing methods: oral delivery of questions, oral response or scribe <input type="checkbox"/> No more than one test a day <input type="checkbox"/> No Standardized Testing	

<b>Educational Plan</b>	<input type="checkbox"/> Student needs an IEP and/or 504 Plan (for prolonged symptoms lasting >3 months, if interfering with academic performance)	
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## RETURN TO PLAY GUIDELINES FOR PARENTS

**TEACH IT'S NOT SMART TO PLAY WITH A CONCUSSION.** Rest is the key after a concussion. Occasionally athletes, parents, school staff and/or league officials wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your athlete convince you that they're "just fine".

**PREVENT LONG-TERM PROBLEMS.** If an athlete has a concussion, their brain needs time to heal. Don't let them return to play the day of the injury and until a health care professional says they are symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems.

Great Hearts Texas has developed a protocol for managing concussions. This policy includes a multidiscipline approach involving athletic trainer clearance, physician referral and clearance, and successful completion of activity progressions related to their sport. The following is an outline of this procedure. Your son/daughter must pass all these tests in order to return to sport activity after having a concussion.

1. All athletes who sustain a head injury are required to be evaluated by their primary care physician. They must have a normal physical and neurological exam prior to being permitted to progress activity. This includes athletes who were initially referred to an emergency department
2. The student will be monitored daily at school by the coach and school nurse. His/her teachers will be notified of the injury and what to expect. Accommodations may need to be given according to physician recommendations and observations.
3. The student must be asymptomatic at rest and exertion.
4. Once cleared to begin activity, the student will start a progressive step-by-step procedure outlined in the GHTX Concussion Management Policy. The progressions will advance at the rate of one step per day as long as no symptoms become present. The progressions are as follows:
  - I. Phase 1
    - a. No activity for a minimum of 7 days regardless of Licensed Physician release.
    - b. Athlete must be symptom free with physician clearance for minimum of 24 hours before starting return-to-play protocol.
  - II. Phase 2
    - a. Day 1- Light aerobic exercise 5 – 10 minutes on exercise bike or light jogging with no resistance training
    - b. Day 2- Moderate Aerobic activity and Resistance training. 15 – 20min. running in the gym or on the field with no protective equipment, 20 min. of resistance training may include push-ups and sit ups, No weightlifting.
    - c. Day 3- Sports Specific drills. Cutting, sprinting, etc. No uniform or protective equipment
    - d. Day 4- Return to Full Controlled Practice
  - III. Phase 3
    - a. Day 5- Return to full practice and competition, once the athlete has completed phase 1 – 2 and returned signed UIL RTP form.

\*Note – Athlete progression continues as long as the athlete is asymptomatic at current level. If the athlete experiences any post- concussion symptoms, the athlete must wait until they are symptom free for 24 hours and start the progression again at the last symptom free step. If athletes experiences symptoms three times during the return-to-play protocol, they must be re-evaluated by a physician. \*



## CONCUSSION ACKNOWLEDGEMENT FORM

Name of Student \_\_\_\_\_

**Definition of Concussion** - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

**Prevention** - Teach and practice safe play & proper technique.  
 - Follow the rules of play.  
 - Make sure the required protective equipment is worn for all practices and games.  
 - Protective equipment must fit properly and be inspected on a regular basis.

**Signs and Symptoms of Concussion** - The signs and symptoms of concussion may include but are not limited to: Head ache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

**Oversight** - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician's assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

**Treatment of Concussion** - The student-athlete shall be removed from practice or competition immediately if suspected to have sustained a concussion. Every student-athlete suspected of sustaining a concussion shall be seen by a physician before they may return to athletic participation. The treatment for concussion is cognitive rest. **Students should limit external stimulation** such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete may begin their district's Return to Play protocol as determined by the Concussion Oversight Team.

**Return to Play** - According to the Texas Education Code, Section 38.157:

A student removed from an interscholastic athletics practice or competition under Section 38.156 may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:

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

(2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;

(3) 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 play; and

(4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:

(A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;

(B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and

(C) have signed a consent form indicating that the person signing:

(i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;

(ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;

(iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub.L.No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and

(iv) understands the immunity provisions under Section 38.159.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



# Concussion Management Protocol Return to Play Form

*This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with the Return to Play protocol established by the school district Concussion Oversight Team, as determined by the superintendent or their designee (see Section 38.157 (c) of the Texas Education Code).*

\_\_\_\_\_  
*Student Name (Please Print)*

\_\_\_\_\_  
*School Name (Please Print)*

## Designated school district official verifies

*Please Check*

- The student has been evaluated by a treating physician selected by the student, their parent or other person with legal authority to make medical decisions for the student.
- The student has completed the Return to Play protocol established by the school district Concussion Oversight Team.
- The school has received a written statement from the treating physician indicating, that in the physician's professional judgment, it is safe for the student to return to play .

\_\_\_\_\_  
*School Individual Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*School Individual Name (Please Print)*

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## Parent, or other person with legal authority to make medical decisions for the student signs and certifies that he/she:

*Please Check*

- Has 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.
- Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol.
- Consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return to play recommendations of the treating physician.
- Understands the immunity provisions under Section 38.159 of the Texas Education Code.

\_\_\_\_\_  
*Parent/Responsible Decision-Maker Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Responsible Decision-Maker Name (Please Print)*