

# Safety of School Sports-Concussion

## Oregon Administrative Rule 581-022-0421

### Guidance Document

#### Oregon Law

The 2009 Legislature enacted [Senate Bill 348](#) ~~PDF~~ in an attempt to respond to the serious issue of sports-related concussion injuries that often result due to inappropriate treatment and diagnosis. This legislation requires the following:

1. Yearly training of **all coaching staff** who instruct or train members on a school athletic team
2. Prohibition of student athletes from participating in any athletic event or training until a medical release has been obtained for any athlete who exhibit signs, symptoms or behaviors consistent with a concussion; have received a blow to the head or body; or have been diagnosed with a concussion.

#### Concussion Management Training

Oregon Administrative Rule, the **Safety of School Sports-Concussion 581-022-0421**, details the concussion management training requirements included in SB 348.

- “(3) The training required of **coaches** under this rule shall include the following:
- (a) Training in how to recognize the signs and symptoms of a concussion;
  - (b) Training in strategies to reduce the risk of concussions;
  - (c) Training in how to seek proper medical treatment for a person suspected of having a concussion; and
  - (d) Training in determination of when the athlete may safely return to the event or training. “

Although not specified in statute or rule, concussion management training would also benefit:

- district physical education teachers
- content area teachers
- instructional assistants who provide playground supervision
- administrators
- parents
- students

*See page 4 for a list of free trainings.*

## **Concussion Management Policy**

To ensure concussions are identified early and managed correctly, districts are strongly encouraged to write a concussion management policy. This policy should:

1. Clearly outline the school/district's Concussion Management Protocol
2. Include provisions for annual review of each school/district's Concussion Management Protocol
3. Create a school/district Concussion Management Group
  - Identify members of the Concussion Management Group (administrator, athletic director, coach, team physician, neuropsychologist, registered athletic trainer, school nurse, teachers, school psychologist or counselor, parent, and student)
  - Develop operating procedures for the school/district's Concussion Management Group
4. Include a list of coaches and others identified for training completion (district physical education teachers, content area teachers, instructional assistants who provide playground supervision, and administrators could also benefit)
5. Ensure concussion training completion

*See Appendix 1 for a sample district policy.*

## **Protocol/ Procedures for Concussion Management Group**

To ensure the concussion management policy is fully implemented a school/district Concussion Management Group should:

1. Create a protocol for response to head injuries that follows district policy guidelines
2. Create an action plan for coaches to follow if an athlete is suspected to have a concussion
3. Review annually and revise protocol and action plan
4. Present the protocol annually to district school board for review
5. Follow all operating procedures as outlined in district policy
6. Develop and maintain communication with health care professionals in the area

*See Appendix 2 for a sample concussion management protocol.*

*See Appendix 3 for a sample action plan.*

## **Recommendations for Coaches<sup>1</sup>**

Coaches play a key role in helping to minimize the risks for concussions and responding to them properly when they occur. There are many steps coaches can take to ensure the best outcome for individual athletes and the team as a whole. These include:

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<sup>1</sup> Adapted from Center for Disease Control guidelines.

- 1. Educate athletes and parents about concussions.** Talk with athletes and their parents about the dangers and potential long-term consequences of concussion. Explain your concerns about concussion and your expectation of safe play to athletes, parents, and assistant coaches. Distribute concussion fact sheets to [athletes](#) and [parents](#) (fact sheets are also available in [Spanish](#)) at the beginning of the season and again if a concussion occurs.
- 2. Insist that safety comes first.**
  - a. Teach athletes safe playing techniques and encourage them to follow the rules of play.
  - b. Encourage athletes to practice good sportsmanship at all times.
  - c. Make sure athletes wear the right protective equipment for their activity. This equipment should fit properly, be well maintained, and worn consistently and correctly.
  - d. Review the [athlete fact sheet](#) with your team to help them recognize the signs and symptoms of a concussion.
- 3. Prevent long-term problems.** A repeat concussion that occurs before the brain recovers from an initial injury—usually within a short period of time (hours, days, weeks) — can slow recovery or increase the likelihood of long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage, and even death. Keep athletes with a known or suspected concussion from play until they have been evaluated and given permission to return to play by a health care professional with experience in evaluating concussions.

## Resources

Center for Disease Control and Prevention -

[http://www.cdc.gov/concussion/HeadsUp/high\\_school.html#3](http://www.cdc.gov/concussion/HeadsUp/high_school.html#3)

The “Heads Up” [pocket card](#) or [clipboard sticker](#) each contain information about signs, symptoms, and emergency contacts and may be used as an instant checklist and resource for the athletic coaching team.

Oregon School Activities Association - <http://www.osaa.org/healthAndSafety/>

Oregon Administrative Rule 581-022-0421-

[http://arcweb.sos.state.or.us/rules/OARS\\_500/OAR\\_581/581\\_022.html](http://arcweb.sos.state.or.us/rules/OARS_500/OAR_581/581_022.html)

Oregon Revised Statute 336.485 - <http://www.leg.state.or.us/ors/336.html>

Oregon Concussion Awareness and Management Program (OCAMP), Max’s Law – Implementation Guide

<http://www.ode.state.or.us/teachlearn/subjects/pe/ocampguide.pdf>

Oregon Department of Education- <http://www.ode.state.or.us/search/page/?id=3038>

Center on Brain Injury Research and Training – [tbiteam@wou.edu](mailto:tbiteam@wou.edu) ; [www.cbirt.org](http://www.cbirt.org)

## Free Trainings

These free concussion management classes satisfy the state statute that all coaches must have annual concussion training.

1. [ACTive®](#) program (Oregon Center for Applied Science (ORCAS))
2. [NFHS](#) (National Federation of State High Schools) Concussion Management Course
3. [Heads Up](#) training from the Center for Disease Control and Prevention

## Frequently Asked Questions

### 1. Will the Department of Education or the district keep track of who has taken the training?

According to OAR 581-022-0421(2), each school district is responsible for developing a list of coaches and a tracking system to document that all coaches meet the training requirements of this rule.

### 2. How often must coaches complete the training?

According to OAR 581-022-0421(2) (d), coaches are to receive (and successfully complete) training *once every twelve months*.

### 3. Is an athletic trainer required to take the concussion training?

No, athletic trainers are not required to complete the training unless they meet the definition of “coach” outlined in the Concussion OAR. As defined in OAR 581-022-0421(2) (b), “Coach” means a person who instructs or trains members on a school athletic team and may be:

- (A) A school district employee;
- (B) A person who volunteers for a school district
- (C) A person who is performing services on behalf of a school district pursuant to a contract.

However, anyone working with student athletes would benefit from taking this training.

### 4. Our district has a volunteer working with the coaching staff. Are volunteers required to take this training?

Yes. According to the administrative rule, a person who volunteers for a school district is required to receive and successfully complete the training annually.

### 5. Are there sample policies on concussion management available for districts to review?

Yes. Please visit these websites for sample policy resources:

- Oregon Concussion Awareness and Management Program (OCAMP), Max’s Law – Implementation Guide  
<http://www.ode.state.or.us/teachlearn/subjects/pe/ocampguide.pdf>
- Center on Brain Injury Research and Training – [tbiteam@wou.edu](mailto:tbiteam@wou.edu), [www.cbirt.org](http://www.cbirt.org)
- Oregon School Boards Association (OSBA) - <http://www.osba.org/>

# Appendix 1: Sample Policy

## Effective Concussion Management Policy

### BEST PRACTICE:

An effective policy to address concussion: (a) incorporates new knowledge about concussion as a mild traumatic brain injury (TBI), (b) requires training for all coaches, athletes, parents of athletes, and school staff about concussion management, (c) requires a signed medical release before clearance to play, (d) requires that student be symptom free before final clearance to participate, and (e) requires recommended protocols for return to activity and return to academics. Use Oregon Administrative Rule no. 581-022-0421 and the sample policy in this manual to formulate a policy that works for your school or school district.



**OCAMP**

Oregon Concussion Awareness and Management Program

# RECOGNIZE :: REMOVE :: REFER :: RETURN

## Sample Policies

Lewis S. Mills High School, Connecticut Policy  
'Smallville' Sample



**OCAMP**

Oregon Concussion Awareness and Management Program

## **Lewis S. Mills High School: "Procedures for Management of Head Injuries"**

Our knowledge of head injuries has increased and our treatment has changed in the last two years based on new research. Consequently, the management of even mild head injuries has changed dramatically. We now know that all cognitive and physical exercise increases symptoms and slows recovery. The following are procedures for staff to follow in managing head injuries.

Lewis Mills High School seeks to provide a safe return to activity for all students after injury, particularly after a head injury. In order to effectively and consistently manage these injuries, the Lewis Mills Athletic Department abide by the following procedures that have been developed to aid in insuring 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.

In addition to recent research, two (2) primary documents were consulted in developing this protocol. The "Summary and Agreement Statement of the 2<sup>nd</sup> International Conference on Concussion in Sport, Prague 2004" (referred to in this document as the Prague Statement), and the "National Athletic Trainers' Association Position Statement: Management of Sport-Related Concussion" preferred to in this document as the NATA Statement).

This protocol will be reviewed on a yearly basis, by the Lewis Mills medical staff, defined as the Lewis Mills school nurse and the certified athletic trainer. Any changes or modifications will be reviewed and given to athletic department staff and appropriate school personnel in writing.

In addition, all athletic department staff will attend a yearly in-service meeting in which procedures for managing sports-related concussion are discussed.

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Adopted on September 1, 2008  
Reviewed - June 2009

### **Contents:**

- I. Recognition of head injuries
  - II. Management and referral guidelines for all staff
  - III. Procedures for the Certified Athletic Trainer (ATC)
  - IV. Guidelines and procedures for coaches
  - V. Follow-up care during the school day
  - VI. Return to play procedures
- 

### **I. Recognition of concussion**

#### **A. Common signs and symptoms of concussion**

##### **1. Signs (observed by others):**

- Student appears dazed or stunned
- Contusion (about assignment, plays, etc.)
- Forgets assignments, plays, etc.
- Moves clumsily (altered coordination)
- Balance problems Personality change
- Responds slowly to questions
- Loss of consciousness (any duration)

2. Symptoms (reported by student):

- Headache
- Fatigue
- Nausea or vomiting
- Double vision, blurry vision
- Sensitive to light (may need to wear sunglasses)
- Sensitive to noise (no caf, music, assemblies, hall passing)
- Feels sluggish
- Feels "foggy"
- Problems concentrating

3. These signs and symptoms are indicative of probable concussion. Other causes for symptoms should also be considered.

B. Along with above signs and symptoms the athletic department will utilize the following additional measures to evaluate head injuries sustained during Lewis Mills athletic activity.

1. General cognitive status can be determined by simple sideline cognitive testing.
  - a. AT may utilize SCAT (Sports Concussion Assessment Tool)<sup>3</sup>, SAC, sideline ImPACT, or other standard tool for sideline cognitive testing.
  - b. Coaches should utilize the basic UPMC cognitive testing form.

**II. ImPACT neuropsychological testing requirements**

1. ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) is a research-based software tool utilized to evaluate recovery after concussion. It was developed at the University of Pittsburgh Medical Center (UPMC). ImPACT evaluates multiple aspects of neurocognitive function, including memory, attention, brain processing speed, reaction time, and post-concussion symptoms.

a. Neuropsychological testing is utilized to help determine recovery after concussion.

2. All athletes at Lewis Mills High School are required to take a baseline ImPACT test (usually freshman year).

a. All athletes will view a video presentation entitled: "Heads Up: Concussion in High School Sports", prior to taking the baseline test.

3. Athletes in collision and contact sports (as defined by the American Academy of Pediatrics classifications) are required to take a "new" baseline test their junior year (list collision/contact sports at your school).

Fall:	Winter:	Spring:
B/G Soccer	B/G Basketball	Baseball
Field Hockey	Cheerleading	B/G Lacrosse
Football	Indoor Track	Outdoor Track
Girls Volleyball	(pole vault)	(pole vault)
	Diving	Softball
		Boys Volleyball

4. Any student sustaining a head injury outside of Lewis Mills High School athletic participation may receive post injury ImPACT testing through the Lewis Mills athletic department per parental/physician request.

**III. Management and Referral Guidelines for All Staff**

A. Suggested Guidelines for Management of head injuries

1. Any student with a witnessed loss of consciousness (LOG) of any duration should be and transported immediately to nearest emergency department via emergency vehicle.
2. Any student who has symptoms of a concussion, and who is not stable (i.e., condition is



changing or deteriorating), is to be transported immediately to the nearest emergency department via emergency vehicle.

3. An student who is symptomatic but stable, may be transported by his or her parents. The parents should be advised to contact the athlete's primary care physician, or seek care at the nearest emergency department, on the day of the injury.
  - a. ALWAYS give parents the option of emergency transportation, even if you do not feel it is necessary.

### III. Procedures for the Certified Athletic Trainer (AT) specific to injuries sustained during Lewis Mills athletic participation

- A. The AT will assess the injury, or provide guidance to the coach if unable to personally attend to the athlete.
  1. Immediate referral to the athlete's primary care physician or to the hospital will be made when medically appropriate (see section II).
  2. The AT will perform serial assessments following recommendations in the NATA Statement, and utilize the SCAT (Sport Concussion Assessment Tool), as recommended by the Prague Statement, or sideline ImPACT, if available.
    - a. The Athletic Trainer will notify the athlete's parents and give written and verbal home and follow-up care instructions.
- B. The AT will notify the school nurse of the injury, prior to the next school day, so that the school RN can initiate appropriate follow-up in school immediately upon the athlete's return to school.
  1. The AT will continue to provide coordinated care with the school RN, for the duration of the injury.
- C. The AT is responsible for administering post-concussion ImPACT testing.
  1. The initial post-concussion test will be administered within 48-72 hours post injury, whenever possible.
    - a. Repeat post-concussion tests will be given an appropriate intervals, dependent upon clinical presentation.
  2. The AT will review post-concussion test data with the athlete and the athlete's parent.
  3. The AT will forward testing results to the athlete's treating physician, with parental permission and a signed release of information form.
  4. The AT or the athlete's parent may request that a neuropsychological consultant review the test data. The athlete's parents will be responsible for charges associated with the consultation.
  5. The AT will monitor the athlete, and keep the School Nurse informed of the individual's symptomatology and neurocognitive status, for the purposes of developing or modifying an appropriate health care plan for the student-athlete.
  6. The AT is responsible for monitoring recovery and coordinating the appropriate return to play activity progression.
  7. The AT will maintain appropriate documentation regarding assessment and management of the injury.

### IV. Guidelines and procedures for coaches:

#### RECOGNIZE. REMOVE. REFER

- A. Recognize concussion
  1. All coaches should become familiar with the signs and symptoms of concussion that are described in section I.
  2. Very basic cognitive testing should be performed to determine cognitive deficits.
- B. Remove from activity

1. If a coach suspects the athlete has sustained a concussion, the athlete should be removed from activity until evaluated medically.

**Any athlete who exhibits signs or symptoms of a concussion should be removed immediately, assessed, and should not be allowed to return to activity that day.**

**C. Refer the athlete for medical evaluation**

1. Coaches should report all head injuries to the Lewis Mills Certified Athletic Trainer (AT), as soon as possible, for medical assessment and management, and for coordination of home instructions and follow-up care.
  - a. The AT can be reached at: by Walkie Talkie or 673-0423 ext 5601
  - b. The AT will be responsible for contacting the athlete's parents and providing follow-up instructions.
2. Coaches should seek assistance from the host site AT if at an away contest.
3. If the Lewis Mills AT is unavailable, or the athlete is injured at an away event, the coach is responsible for notifying the athlete's parents of the injury.
  - a. Contact the parents to inform them of the injury and make arrangements for them to pick the athlete up at school.
  - b. Contact the AT at the above number, with the athlete's name and home phone number, so that follow-up can be initiated.
  - c. Remind the athlete to report directly to the school nurse before school starts, on the day he or she returns to school after the injury.
4. In the event that an athlete's parents cannot be reached, and the athlete is able to be sent home (rather than directly to MD):
  - a. The Coach or AT should insure that the athlete will be with an emergency contact, who is capable of monitoring the athlete and understanding the home care instructions, before allowing the athlete to go home.
  - b. The Coach or AT should continue efforts to reach the parent.
  - c. If there is any question about the status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete should be referred to the emergency department for evaluation.
  - d. Athletes with suspected head injuries should not be permitted to drive home.

**V. FOLLOW-UP CARE OF THE STUDENT DURING THE SCHOOL DAY**

**A. Responsibilities of the school nurse after notification of student's head injury**

1. The student will be instructed to report to the school nurse upon his or her return to school. At that point, the school nurse will:
  - a. re-evaluate the student following school nurse standing orders.
  - b. provide an individualized health care plan based on both the student's current condition, and initial injury information provided by the parent, AT and/or physician.
2. Notify the student's guidance counselor and teachers of the injury immediately via the individualized health care plan form.
3. Notify the student's P.E. teacher immediately if the student is restricted from all physical activity until further notice.
4. If the school RN receives notification of a student-athlete who has sustained a concussion from someone other than the AT (athlete's parent, athlete, physician note), the AT should be notified as soon as possible, so that an appointment for ImPACT testing can be made.
5. Monitor the student on a regular basis during the school day.

**B. Responsibilities of the student's guidance counselor**

1. Monitor the student closely and recommend appropriate academic accommodations for

- students who are exhibiting symptoms of post-concussion syndrome.
- 2. Communicate with school health office on a regular basis, to provide the most effective care for the student.
- 3. Any adjustments to the students academic program or requirements must be approved by the administration.

## VI. RETURN TO PLAY (RTP) PROCEDURES AFTER CONCUSSION

### A. Returning to participate on the same day of injury

- 1. As previously discussed in this document, an athlete who exhibits signs or symptoms of concussion, or has abnormal cognitive testing, should not be permitted to return to play on the day of the injury. Any athlete who denies symptoms but has abnormal sideline cognitive testing should be held out of activity.
- 2. "When in doubt, hold them out."

### B. Return to play after concussion

- 1. The athlete must meet all of the following criteria in order to progress to activity:
  - a. Asymptomatic at rest and with exertion (including mental exertion in school) AND:
  - b. Within normal range of baseline on post-concussion ImPACT testing AND:
  - c. Have written clearance from primary care physician or specialist (athlete must be cleared for progression to activity by a physician other than an Emergency Room physician).
- 2. Once the above criteria are met, the athlete will be progressed back to full activity following a stepwise process, (as recommended by both the Prague and NATA Statements), under the supervision of the AT.
- 3. Progression is individualized, and will be determined on a case by case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport should be progressed more slowly.
- 4. Stepwise progression as described in the Prague Statement:
  - a. No activity - do not progress to step 2 until asymptomatic
  - b. Light aerobic exercise - walking, stationary bike
  - c. Sport-specific training (e.g., skating in hockey, running in soccer)
  - d. Non-contact training drills
  - e. Full-contact training after medical clearance
  - f. Game play

Note: If the athlete experiences post-concussion symptoms during any phase, the athlete should drop back to the previous asymptomatic level and resume the progression after 24 hours.
- 5. The AT and athlete will discuss appropriate activities for the day. The athlete and coach will be given verbal instructions regarding permitted activities. The AT will keep written documentation of daily instructions.
- 6. The athlete should see the AT daily for re-assessment and instructions until he or she, has progressed to unrestricted activity, and been given a written report to that effect, from the AT.

<sup>1</sup> McCrory P, et al. Summary and Agreement Statement of the 2nd International Conference on Concussion in Sport, Prague 2004. *ClinSports Med* 2005; 15(2):48-55.

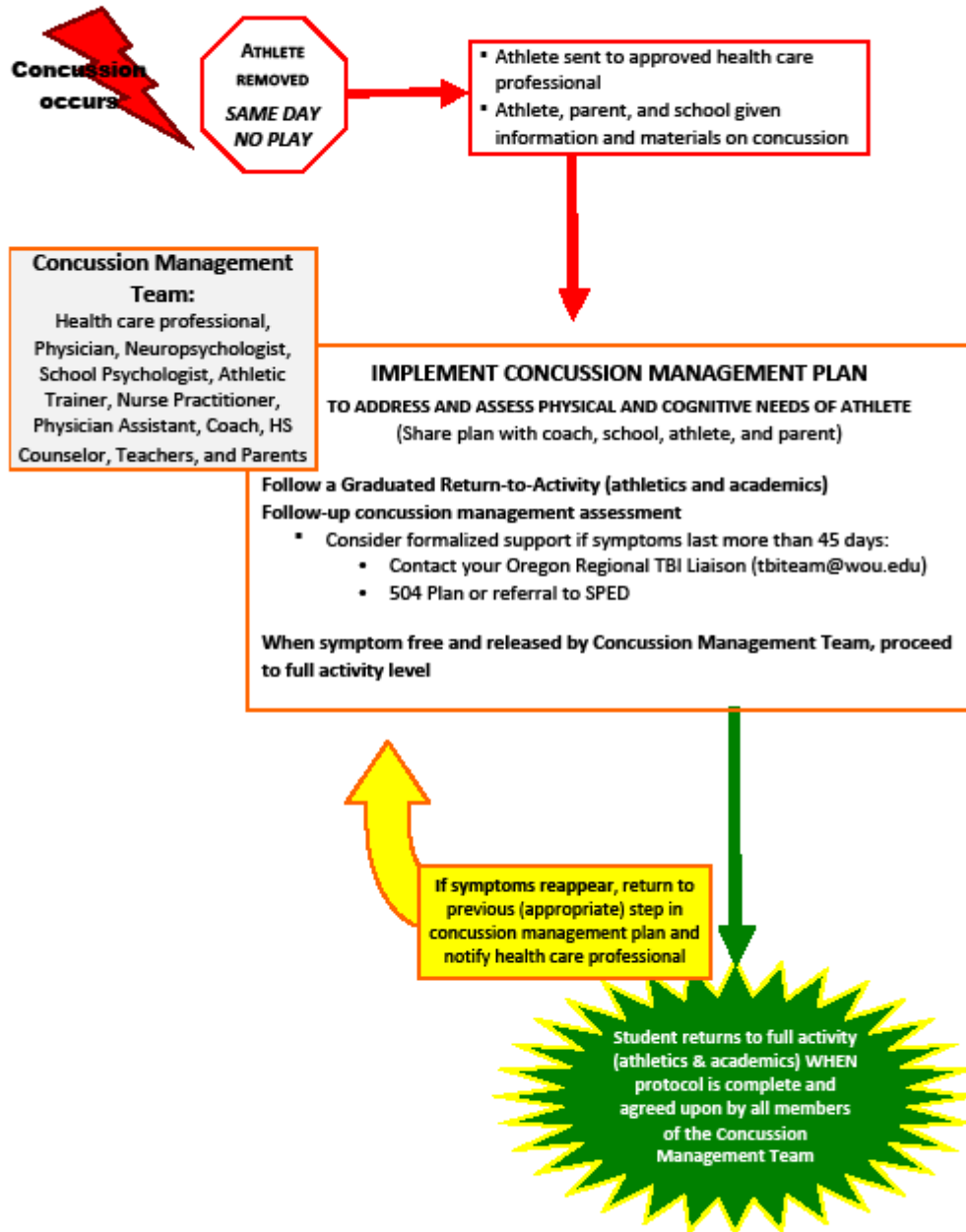
<sup>2</sup> Guskiewicz KM, et al. National Athletic Trainers' Association Position Statement: Management of Sport-Related Concussion. *JAthl Train*. 2004;39(3):280-297.

<sup>3</sup> McCrory P, et al

# Appendix 2: Sample Protocol

## Sample Concussion Management Protocol

Developed by OCAMP advisory group June 2010



**Smallville School District  
Management of Sports-Related Concussions  
SAMPLE POLICY**

Smallville School District (SSD) has developed this protocol to educate coaches, school personnel, parents, and athletes about appropriate concussion management. This protocol outlines procedures for staff to follow in managing concussions and outlines school policy as it pertains to return to play issues following a concussion.

A safe return-to activity protocol is important for all athletes following any injury, but it is essential after a concussion. The following procedures have been developed to ensure that concussed athletes are identified, treated, and referred appropriately. Consistent application of this protocol will ensure the athlete receives appropriate follow-up medical care and/or academic accommodations and ensures the athlete is fully recovered prior to returning to activity.

This protocol will be reviewed annually by SSD's concussion management team. Changes or modifications will be reviewed, and written notification will be provided to the athletic department staff, including coaches and other appropriate school personnel.

All athletic department staff will be required to attend a yearly in-service meeting to review procedures for managing sports-related concussions.

**Recognition of Concussion**

These signs and symptoms—following a witnessed or suspected blow to the head or body—are indicative of probable concussion.

<b>Signs (observed by others):</b>	<b>Symptoms (reported by athlete):</b>
Appears dazed or stunned	Headache
Exhibits confusion	Fatigue
Forgets plays	Nausea or vomiting
Unsure about game, score, opponent	Double vision, blurry vision
Moves clumsily (altered coordination)	Sensitive to light or noise
Balance problems	Feels sluggish
Personality change	Feels "foggy"
Responds slowly to questions	Problems concentrating
Forgets events prior to hit	Problems remembering
Forgets events after the hit	
Loss of consciousness (any duration)	

Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion must be removed immediately from the competition or practice and will not be allowed to return to play until cleared by an appropriate health care professional (per Max's Law, approved by Oregon Legislature in 2009).

### **Management and Referral Guidelines for All Staff**

1. The following situations indicate a medical emergency and require activation of the Emergency Medical System:
  - a. Any athlete with a witnessed loss of consciousness (LOC) of any duration should be spine boarded and transported immediately to nearest emergency department via emergency vehicle.
  - b. Any athlete who has symptoms of a concussion and who is not stable (i.e., condition is worsening) is to be transported immediately to the nearest emergency department via emergency vehicle.
  - c. An athlete who exhibits any of the following symptoms should be transported immediately to the nearest emergency department, via emergency vehicle:
    - deterioration of neurological function
    - decreased level of consciousness
    - decrease or irregularity in respirations
    - any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
    - mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation
    - seizure activity.
2. An athlete who is symptomatic but stable (not worsening), may be transported by his/her parents. The parents should be advised to contact the athlete's primary care provider or seek care at the nearest emergency department on the day of the injury.

### **Guidelines and Procedures for Coaches:**

#### **Recognize concussion**

1. All coaches should become familiar with the signs and symptoms of concussion that are described above.
2. Annual training will occur for coaches of every sport.

#### **Remove from activity**

Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as LOC, headache, dizziness, confusion, or balance problems) must be removed immediately from the competition or practice and not allowed to return to play until cleared by an appropriate health care professional.

*When in doubt, sit them out!*

#### **Refer the athlete for medical evaluation**

1. The coach is responsible for notifying the athlete's parents of the injury.
  - a. Contact the parents to inform them of the injury. Depending on the injury, an emergency vehicle or the parents will transport the athlete from the event.
  - b. In the event that an athlete's parents cannot be reached, and the athlete is able to be sent home (rather than transported directly to a medical facility):

- The coach should ensure that the athlete will be with a responsible individual, who is capable of monitoring the athlete and understanding the home care instructions, before allowing the athlete to leave.
- The coach should continue efforts to reach a parent.

**Athletes with a suspected head injury should not be permitted to drive home.**

- c. If there is any question about the athlete being monitored appropriately, a coach or designated adult should accompany the athlete and remain with the athlete until a parent arrives.
2. If at an away competition, the coach should seek assistance from the host site certified athletic trainer (ATC) or team physician.

### **Follow-Up Care of the Athlete during the School Day**

**Responsibilities of the Concussion Management Team after notification of student's concussion:**

1. The athlete will be instructed to report to the school nurse or other trained designee from the Concussion Management Team upon his or her return to school. At that point, the school nurse will:
  - Re-evaluate the athlete using a graded symptom checklist.
  - Provide an individualized health care plan based on both the athlete's current condition and initial injury information provided by the parent.
2. Notify the student's counselor and teachers of the injury immediately.
3. Notify the student's P.E. teacher immediately that the athlete is restricted from all physical activity until cleared by his or her treating physician.
4. Monitor the athlete on a regular basis throughout the school day.
5. If the student's symptoms are expected to last 45 days or longer and there is a need for ongoing support, notify your Oregon Regional TBI Liaison (tbiteam@wou.edu).

**Responsibilities of the student's counselor or designee:**

1. Monitor the student closely and recommend appropriate academic accommodations for students who are exhibiting symptoms of concussion.
2. Communicate with school nurse or Concussion Management Team Leader on a regular basis to provide the most effective care for the student.

### **Return to Play (RTP) Procedures after Concussion**

1. Return to activity and play is a medical decision. The athlete must meet all of the following criteria in order to progress to activity:
  - Asymptomatic at rest and with exertion (including mental exertion in school)

AND

  - Have written clearance from a physician (MD), physician's assistant (PA), or doctor of osteopathic medicine (DO) licensed by the Oregon State Board of

Medicine, or nurse practitioner licensed by the Oregon State Board of Nursing, in accordance with OAR # 581-022-0421.

2. Once the above criteria are met, the athlete will be progressed back to full activity following the step-wise process detailed below. (This progression must be closely supervised by a Certified Athletic Trainer. If your school does not have an athletic trainer, then the coach must have a detailed plan to follow as directed by the athlete's physician).
3. Progression is individualized and will be determined on a case by case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may be progressed at a slower rate.
4. The stepwise progression is described below:

- |  |
|--|
| <p><b>Step 1.</b> Complete cognitive rest. This may include staying home from school or limiting school hours (and studying) for several days. Activities requiring concentration and attention may worsen symptoms and delay recovery.</p> <p><b>Step 2.</b> Return to school full-time.</p> <p><b>Step 3.</b> Light exercise. This step cannot begin until the athlete is no longer having concussion symptoms and is cleared by a physician for further activity. At this point the athlete may begin walking or riding an exercise bike. No weight-lifting.</p> <p><b>Step 4.</b> Running in the gym or on the field. No helmet or other equipment.</p> <p><b>Step 5.</b> Non-contact training drills in full equipment. Weight-training can begin.</p> <p><b>Step 6.</b> Full contact practice or training. Must be cleared by an approved health care provider before returning to play.</p> <p><b>Step 7.</b> Play in game.</p> |
|--|

The athlete should spend 1 to 2 days at each step before advancing to the next. If post concussion symptoms occur at any step, the athlete must stop the activity, and the treating physician must be contacted. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for 24 hours and then resume activity at a level one step below where he or she was when the symptoms occurred.



**SAMPLE RETURN TO ACTIVITY DOCUMENTATION**

Student: _____	Coach: _____
Parent/Guardian: _____	Sport: _____
Phone Number: _____	Date of Injury: ___/___/___
School Counselor: _____	Cause of Injury: _____
<b>At the time of a suspected concussion:</b>	<input type="checkbox"/> The athlete is removed from participation (athletics, PE class, weight training, etc). <input type="checkbox"/> Coach/Athletic Director contacted the parent/guardian. <input type="checkbox"/> Parent/Guardian received concussion information & medical clearance form for return to participation.
<b>Following Concussion:</b>	<input type="checkbox"/> Coach/Athletic Director contacted the Concussion Management Team. <input type="checkbox"/> A member from the Concussion Management Team followed-up with parent to: check on athlete's status, review next steps to return-to-participation, and answer any questions. <input type="checkbox"/> A member from the Concussion Management Team administered symptom checklist to the student athlete—record below date ___/___/___ score _____
<b>IF Student is experiencing symptoms:</b>	<input type="checkbox"/> Concussion Management Team monitored return-to-academics graduated steps and accommodation as needed <input type="checkbox"/> Counselor contacted <input type="checkbox"/> Email sent to teachers <input type="checkbox"/> Accommodations sent to teachers <input type="checkbox"/> Continue to monitor symptom checklist—record below date ___/___/___ score _____ date ___/___/___ score _____ date ___/___/___ score _____  <b>NOTE: If symptoms are present for more than 45 days please contact your Regional TBI Liaison.</b>
<b>WHEN Student is symptom free:</b>	<input type="checkbox"/> Parent/Guardian obtained signature for release from licensed health care provider (physician (MD), physician's assistant (PA), doctor of osteopathic medicine (DO), or nurse practitioner). Date received ___/___/___ <input type="checkbox"/> The athlete may proceed to Stages 3–5 of Return-to-Play Protocol providing he/she remains symptom free. 3–Light aerobic activity      4–Sport-specific exercise      5–Non-contact training drills date ___/___/___              date ___/___/___              date ___/___/___
<b>WHEN medical clearance form is received AND symptom checklist has returned to baseline</b>	<input type="checkbox"/> Concussion Team approved progression to Stages 6 and 7 of Return-to-Play Protocol providing he/she remains symptom free.  6–Full-contact practice                      7–Return to Play date ___/___/___                              date ___/___/___

# Coaches—Concussion Management

## BEST PRACTICE:

In recognition of the frequent and potentially serious complications of sports-related concussion, Oregon law requires schools to follow a specified Return-to-Play Protocol. Because the role of the coach in concussion management is critical, annual training about the symptoms and management of sports concussion is mandatory. This section includes information and resources for coaches about recognition and management of concussion.



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## RETURN TO PLAY—PROTOCOL AFTER CONCUSSION

Return to activity and play is a medical decision. The athlete must meet all of the following criteria in order to progress to activity:

1. Asymptomatic at rest and with exertion (including mental exertion in school).
2. Written clearance from a licensed healthcare provider (physician (MD), physician's assistant (PA), doctor of osteopathic medicine (DO), or nurse practitioner).

Once the above criteria are met, the athlete will be progressed back to full activity following the stepwise process detailed below. A Certified Athletic Trainer must closely supervise this progression. If your school does not have an athletic trainer, then the coach must have a very specific plan to follow as directed by the athlete's physician.

Progression is individualized and will be determined on a case-by-case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may be progressed more slowly. The stepwise progression is described below:

- Step 1. Complete cognitive rest.** This may include staying home from school or limiting school hours (and studying) for several days. Activities requiring concentration and attention may worsen symptoms and delay recovery.
- Step 2. Return to school full-time.** (Learning accommodations may be required.)
- Step 3. Light exercise.** This step cannot begin until the athlete is no longer having concussion symptoms and is cleared by a physician for further activity. At this point the athlete may begin walking or riding an exercise bike. No weight lifting.
- Step 4. Running in the gym or on the field.** No helmet or other equipment.
- Step 5. Non-contact training drills in full equipment.** Weight training can begin.
- Step 6. Full contact practice or training.** Must be cleared by physician before returning to play.
- Step 7. Play in game.**

The athlete should spend 1 to 2 days at each step before advancing to the next. If post concussion symptoms occur at any step, the athlete must stop the activity and the treating physician must be contacted. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for 24 hours and then resume activity at a level one step below where he or she was when the symptoms occurred.

## RECOGNIZE :: REMOVE :: REFER :: RETURN

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# POST-CONCUSSION SYMPTOM CHECKLIST

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

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

Instructions: For each item please indicate how much the symptom has bothered you over the *past 2 days*

Symptoms		none	mild		moderate		severe	
Physical	Headache	0	1	2	3	4	5	6
	Nausea	0	1	2	3	4	5	6
	Vomiting	0	1	2	3	4	5	6
	Balance Problem	0	1	2	3	4	5	6
	Dizziness	0	1	2	3	4	5	6
	Visual Problems	0	1	2	3	4	5	6
	Fatigue	0	1	2	3	4	5	6
	Sensitivity to Light	0	1	2	3	4	5	6
	Sensitivity to Noise	0	1	2	3	4	5	6
	Numbness/Tingling	0	1	2	3	4	5	6
	Pain other than Headache	0	1	2	3	4	5	6
Thinking	Feeling Mentally Foggy	0	1	2	3	4	5	6
	Feeling Slowed Down	0	1	2	3	4	5	6
	Difficulty Concentrating	0	1	2	3	4	5	6
	Difficulty Remembering	0	1	2	3	4	5	6
Sleep	Drowsiness	0	1	2	3	4	5	6
	Sleeping Less than Usual	0	1	2	3	4	5	6
	Sleeping More than Usual	0	1	2	3	4	5	6
	Trouble Falling Asleep	0	1	2	3	4	5	6
Emotional	Irritability	0	1	2	3	4	5	6
	Sadness	0	1	2	3	4	5	6
	Nervousness	0	1	2	3	4	5	6
	Feeling More Emotional	0	1	2	3	4	5	6

**Exertion:** Do these symptoms worsen with:

Physical Activity       Yes    No    Not applicable

Thinking/Cognitive Activity    Yes    No    Not applicable

**Overall Rating:** How different is the person acting compared to his/her usual self?

Same as Usual   0   1   2   3   4   5   6   Very Different

**Activity Level:** Over the past two days, compared to what I would typically do, my level of activity has been \_\_\_\_\_% of what it would be normally.



## SAMPLE MILD TBI/CONCUSSION LEARNING ACCOMMODATIONS PLAN

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

Date of Evaluation: \_\_\_\_\_

*As you know, the student named above has recently suffered a concussion and may have the following symptoms from the injury: headaches, nausea, fatigue, visual problems, balance problems, sensitivity to light or noise, dizziness, feeling mentally foggy, problems concentrating or remembering, irritability, sadness, nervousness, drowsiness and feeling easily overwhelmed. The signs and symptoms of a concussion can persist for days to weeks and can greatly affect learning. Sometimes symptoms may persist for months or longer. We ask you to please make the following accommodations to aid in the recovery process:*

### GENERAL RECOMMENDATIONS

- No school until specified, to be reviewed on \_\_\_\_\_
- Abbreviated daily class schedule (every other day, shortened day)
- No physical education classes (Including weight training, aerobics, yoga)
- Consider reducing make-up work
- No testing (e.g., midterms, finals, standardized) during recovery period, until student is cleared

### RECOMMENDATIONS FOR COGNITIVE ISSUES

- Provide extended time to complete assignments and/or shortened assignments
- Provide extended time to take tests in a quiet environment
- Provide a quiet environment to take tests
- Provide written instructions for homework
- Provide class notes by teacher or peer
- Allow utilization of notes for test taking due to memory issues
- Consider using tape recorder for note taking

### RECOMMENDATIONS FOR FATIGUE/PHYSICAL ISSUES

- Allow time to visit school nurse for treatment of headaches or other symptoms, if needed
- Allow rest breaks during the day, if needed
- Allow "hall passing time" before or after the crowds have cleared
- Allow student to wear sunglasses indoors to control for light sensitivity
- Allow student to take lunch in quiet space to allow for rest and control for noise sensitivity

### RECOMMENDATIONS FOR EMOTIONAL ISSUES

- Share progress and difficulties with parents, school nurse, counselor, physician, and athletic trainer
- Develop an emotional support plan for the student, this may include an adult with whom he/she can talk if feeling overwhelmed

If student symptoms require ongoing accommodations, consider contacting your district or building 504 coordinator to determine if a 504 plan would be beneficial. If symptoms last 45 days or more, contact your Oregon Regional TBI Liaison (tbiteam@wou.edu).

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## Appendix 3: Sample Action Plan

### Sample Action Plan from the Center for Disease Control and Prevention:

#### What to do When a Concussion is Suspected

If you suspect that an athlete has a concussion, implement the four-step “Heads Up” action plan:

- 1. Remove the athlete from play.** Look for the signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head or body. *When in doubt, sit them out.*
- 2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion.** Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods they can use to assess the severity of concussion. As a coach, recording the following information can help health care professional in assessing the athlete after the injury:
  - Cause of the injury and force of the hit or blow to the head or body.
  - Any loss of consciousness (passed out/knocked out) and if so, for how long.
  - Any memory loss immediately following the injury
  - Any seizures immediately following the injury.
  - Number of previous concussion (if any, if known).
- 3. Inform the athlete’s parents or guardians about the possible concussion and give them the fact sheet on concussion.** Make sure they know that the athlete should be seen by a health care professional experienced in evaluating for concussion.
- 4. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is 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 period of time (hours, days, weeks) – can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.