

## Concussion Protocol - Mild Traumatic Brain Injury (Concussion)

Athletes in all sports can be at risk for concussion, although collision and contact sports are more frequent. At Patoka CUSD #100, our Concussion Oversight Team (COT) is responsible for the monitoring and implementation of return to learn and return to play protocols.

Concussion Oversight Team Members:

- Lora Lee Pearce - Athletic Director
- Ambria Susmena - Registered School Nurse
- Primary physician
- Bryan Rainey - Principal
- David Rademacher - Superintendent

### 1. BASELINE TESTING:

All athletes involved in sports will be given a baseline standardized assessment. This baseline provides a brief snapshot of the athlete's brain activity that we may use to compare to a post-injury test.

**Testing:** Patoka CUSD #100 will be using the standardized assessment of concussion (SAC)

**Frequency:** Patoka CUSD #100 athletes will be tested every 2 years (unless history of concussion, then once per year)

**Duration:** 2 minutes

**Description:** Administered via paper/pencil

### 2. ASSESSMENT OF CONCUSSION:

In the event of suspected head trauma, the school nurse will conduct a post-injury SAC and decide if further medical attention is needed.

If the nurse is not available, the coach should NOT return the athlete to play if they show ANY symptom or sign of a concussion. Immediate treatment of concussion is removal from activity, physical and mental rest and avoidance of symptom aggravating activities (noise, bright lights). Most concussions do not need referral to ER and can be treated with rest and limitations of technology (cell phone, computer, tv).

Headache or a feeling of pressure in the head	Temporary loss of consciousness
Confusion or feeling as if in a fog	Amnesia surrounding the traumatic event
Dizziness or "seeing stars"	ringing in the ears
Nausea	Vomiting
Slurred speech	Delayed response to questions
Appearing dazed	Fatigue

Danger signs which indicate immediate referral to ER include:

Repeated vomiting	Symptoms that worsen over time
A loss of consciousness lasting longer than 30 seconds	Slurred speech or other changes in speech
Changes in physical coordination, such as stumbling	Seizures
Severe confusion or disorientation	Vision problems, such as unequal pupils
Obvious difficulty with mental function or physical coordination	

### 3. CONCUSSION MANAGEMENT: RETURN TO LEARN

Concussion management will be broken down into 2 steps: Return to Learn (RTL) and Return to Play (RTP). In all cases, RTL must be successfully completed before starting RTP. This protocol is adapted from the Headsmart Handbook: A Healthy Transition After Concussion (2010). [www.southshorehospital.org](http://www.southshorehospital.org)

This protocol will be monitored and documented by the School Nurse.

#### \* **STAGE 1: Complete Physical and Cognitive rest until Medical Clearance (from the MD)**

- No school attendance
- Strict limits on technology (no tv, phone, computer)
- REST

*Symptom Free\* for 24 hours?*  
**YES:**                      **NO:**  
Begin Stage 2              Continue Resting

*\*Symptom Free means No lingering headaches, Sensitivity to light/noise, Drowsiness, etc*

#### \* **STAGE 2: Return to school (medical note required) with Academic Accommodations**

- Continue limits on technology (limit to 30 min.)
- Attend school; limit to half days if necessary
- No Tests, PE, Band or Chorus / Avoid heavy backpacks
- Monitor symptoms daily with school nurse using graded symptom checklist
- COT members will communicate with teachers for appropriate accommodations
- Complete Post Concussion Consent Form with school nurse
- REST at home

*Symptom Free\* for 24 hours?*  
**YES:**                      **NO:**  
Begin Stage 3              Stay at Stage 2

#### \* **STAGE 3: Continue Academic Accommodations**

- Attend school full-time if possible
- Increase work load gradually (testing, homework)
- Continue to monitor symptoms daily with school nurse using graded symptom checklist
- REST at home

*Symptom Free\* for 24 hours?*  
**YES:**                      **NO:**  
Begin Stage 4              Stay at Stage 3

#### \* **STAGE 4: Full Recovery to Academics**

- Attend school full-time
- Self-advocate at school (meet due dates, etc)
- Resume normal activities
- Begin graduated Return to Play protocol with school nurse

#### 4. CONCUSSION MANAGEMENT: RETURN TO PLAY

This Return to Play Protocol is developed from the National Athletic Trainer's Association Position Statement in 2014 regarding RTP after a concussion.

This protocol will be monitored and documented by the school nurse.

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##### \* STAGE 1: No Activity

- Complete physical and cognitive rest until medical clearance (from MD)
- Concurrent with Return to Learn protocol

*Symptom Free\* for 24 hours?*

**YES:** Begin Stage 2      **NO:** Stay at Stage 1

*\*Symptom Free means No lingering headaches, Sensitivity to light/noise, Drowsiness, etc*

##### \* STAGE 2: Light Aerobic Exercise

- Receive medical clearance (from MD) for Return to Play
- Complete Post Concussion Consent Form with school nurse
- Increase heart rate (<70% - 15 min.)
- Walking, swimming, stationary bike, NO resistance training

*Symptom Free\* for 24 hours?*

**YES:** Begin Stage 3      **NO:** Stay at Stage 2

##### \* STAGE 3: Sport Specific Exercise

- Increase heart rate (80% - 45 min)
- Add lateral movements and altitude changes
- Running drills with direction change
- Push ups/sit ups/squats/lunges
- No head impact activities

*Symptom Free\* for 24 hours?*

**YES:** Begin Stage 4      **NO:** Stay at Stage 3

##### \* STAGE 4: Non-Contact Training Drills

- Increase heart rate <90% - 60 min)
- Increased exercise, coordination and attention
- Passing/Shooting/Footwork/Ball Handling
- Throwing/Catching/Batting

*Symptom Free\* for 24 hours?*

**YES:** Begin Stage 5      **NO:** Stay at Stage 4

##### \* STAGE 5: Full Contact Practice

- Restore confidence and assess functional skills
- If symptom free, return to normal activities and progress to game participation