

Concussion Management Policy

Prince of Peace Catholic School
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I. Purpose

In accordance with Illinois State Legislature, Prince of Peace has developed a policy and procedure for the implementation of a concussion management program for student-athletes, coaches, and parents/ guardians.

Contained within this policy are some guidelines that may be helpful for parents, coaches and others dealing with possible concussions. Please bear in mind that these are general guidelines and must not be used in place of the central role that physicians and athletic trainers must play in protecting the health and safety of student-athletes.

Concussions are both a medical and educational concern. Assessing problems with learning and school performance, and then making appropriate and necessary changes to a student's learning plan is a collaborative effort between the student's health care provider and the academic leaders at the school.

II. Concussion Oversight Team (COT)

The Concussion Oversight Team's purpose is to establish appropriate and scientifically sound protocols, e.g. this policy, for POP students' safe return to the classroom and the playing field. The COT will also be advocates for the safety of all students, while ensuring that all requirements of HB 20138 are met.

The Concussion Oversight Team will include:

1. School Principal
2. School Athletic Director
3. Medical Professional
4. POP Coach
5. POP Teacher

III. Concussions Information

Concussions are a common problem in sports and have the potential for serious complications if not managed correctly. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. The medical literature and lay press are reporting instances of death from "second impact syndrome" when a second concussion occurs before the brain has recovered from the first one regardless of how mild both injuries may seem. At many athletic contests across the country, trained and knowledgeable individuals are not available to make the decision to return concussed athletes to play. Frequently, there is undue pressure from various sources (parents, player and coach) to return a valuable athlete to action. In addition, often there is unwillingness by the athlete to report headaches and other findings because the individual knows it would prevent his or her return to play.

Each student athlete and the student's parent/guardian are required to sign a concussion information receipt form each school year before allowing the student to participating in an interscholastic athletic activity. This receipt acknowledges that the concussion information and Concussion Management Policy has been provide and has been read and understood.

IV. Signs & Symptoms of a Concussion

Concussions can appear in many different ways. Concussions cannot be seen, and most occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. Listed below are some of the signs and symptoms frequently associated with concussions. Most signs, symptoms and abnormalities after a concussion fall into the four categories listed below. A coach, parent or other person who knows the athlete well can often detect these problems by observing the athlete and/or by asking a few relevant questions of the athlete, official or a teammate who was on the field or court at the time of the concussion. Below are some suggested observations and questions a nonmedical individual can use to help determine whether an athlete has suffered a concussion and how urgently he or she should be sent for appropriate medical care.

1. Problems in Brain Function
 - a. Confused State – dazed look, vacant stare or confusion about what happened or is happening.
 - b. Memory Problems – can’t remember assignment on play, opponent, score of game, or period of the game; can’t remember how or with whom he or she traveled to the game, what he or she was wearing, what was eaten for breakfast, etc.
 - c. Symptoms Reported by Athlete – headache, nausea or vomiting; blurred or double vision; oversensitivity to sound, light or touch; ringing in ears; feeling foggy or groggy; dizziness.
 - d. Lack of Sustained Attention – difficulty sustaining focus adequately to complete a task, a coherent thought or a conversation.
2. Speed of Brain Function - Slow response to questions, slow slurred speech, incoherent speech, slow body movements and slow reaction time.
3. Unusual Behaviors - Behaving in a combative, aggressive or very silly manner; atypical behavior for the individual; repeatedly asking the same question; restless and irritable behavior with constant motion and attempts to return to play; reactions that seem out of proportion and inappropriate; and having trouble resting or “finding a comfortable position.”
4. Problems with Balance & Coordination - Dizziness, slow clumsy movements, inability to walk a straight line or balance on one foot with eyes closed.

If no medical personnel are on hand and an injured athlete has any of the above symptoms, he/she should be sent for appropriate medical care.

V. Training- Checking for a Concussion

Each POP Coach is required to take the concussion training course mandated by the State of Illinois, <https://www.cdc.gov/headsup/youthsports/training/index.html>.

In addition, each POP coach has been provide the “Heads Up Concussion- guide for coaches”, from the Centers for Disease Control.

Furthermore, each POP coach has received a clipboard sticker with a, Heads Up Concussion checklist, with common symptoms associated with concussions and the necessary action plan.

VI. Sideline Management of Concussion

1. Coaches will use their best judgment based on mechanism of injury, observation, history and unusual behavior and reactions of the athlete, even without loss of consciousness, assume a concussion has occurred if the head was hit and even the mildest of symptoms occur.

2. If confusion, unusual behavior or responsiveness, deteriorating condition, loss of consciousness, or concern about neck and spine injury exists, the athlete should be referred at once for emergency care.
3. If a medical professional, or athletic trainer is available, they should monitor every 5-10 minutes, mental status, attention, balance, behavior, speech and memory should be examined until stable over a few hours. If appropriate medical care is not available, an athlete even with mild symptoms should be sent for medical evaluation.
4. No athlete suspected of having a concussion should return to the same practice or contest, even if symptoms clear in 15 minutes.

VII. Sideline Decision Making and Return-To-Play Protocol

1. No athlete should return to play (RTP) on the same day as a suspected concussion.
2. Coaches must fill out an Accident Report form for any player suspected of having a concussion, and return it to the POP Athletic Office within 24 hours of the incident.
3. Any athlete removed from play because of a concussion must have medical clearance from a medical doctor or athletic trainer, submitted to POP's Concussion Oversight Team. The team will review the clearance and notify the coach or coaches when the athlete is eligible to return to play or practice.
4. After medical clearance, RTP will follow the steps and guidelines provided by the medical note for each individual athlete.
5. A parent/guardian must also acknowledge that the student successfully completed the return-to-play/learn protocols to return to play. A signed post-concussion consent form must be provided to the school principal.

VIII. Return To Learn Protocol

Because concussions and their subsequent recovery affect learning, POP is committed to safely and gradually having students return to full participation in the classroom. Concussions and their plans for recovery vary among individual students. Students that have completed the Return To Play protocol aren't necessarily ready to return to the classroom. Likewise, students that have completed the Return To Learn protocol may not be necessarily ready to return to their respective sports practices or games.

POP students that are suspected of having suffered a concussion, or have a medically documented concussion, must adhere to the following RTL protocol.

1. No School – Complete physical and cognitive rest until medical clearance.
2. Return to school with academic accommodations. The student may return to school and the COT will ensure that accommodations noted by the student's doctor are met.
3. Return to school full time with no accommodations.