

Policy

Concussion management and policy protocols are a standardized method of assessment to ensure an accurate diagnosis and the appropriate management of student-athlete following a sports concussion. This policy and these protocols will apply to all site/District approved sports.

Purpose:

- (1) The concussion management plan seeks to provide a District-wide “standardized approach” to the care of the injured athlete who exhibits the signs and symptoms or behaviors associated with a concussion.
- (2) To expedite the initial care, follow-up treatment, appropriate referral to specialists, if necessary.
- (3) To maintain communication between physicians, coaches, athletic trainers, administrators, and parents concerning the care of the student-athlete.
- (4) Establish appropriate medical treatment of the student-athlete for an expedient and safe return to participation in athletics.

The goal of the protocols set forth in the Anaheim Union High School District Concussion Policy and Administrative Regulation 8604-R is to keep each student athlete healthy and injury free, as well as to comply with CIF and state legislative policies. In the unfortunate event of an injury the staff will follow the outlined protocols which include prescribed roles for the student-athlete, parent, coaches, athletic trainer, and physicians, enabling the student-athlete to return to participation in athletics.

Legal References:

Education Code Sections 49475

AB 25 (Hayashi)

CIF Bylaw 313 Concussion and Head Injury Protocols

A concussion is a brain injury caused by a bump, blow or a jolt to the head or body. Even a “ding” or what seems to be a mild bump or blow to the head can be serious.
Personnel and their Roles:

Coach:

- (1) The coaching staff is required to be trained in CPR/AED and First Aid. This knowledge is sufficient to make an initial assessment of an injury and provide care in the case of a life threatening injury. This training does not provide sufficient education on providing injury diagnosis and therefore cannot be used to return student-athlete to play.
- (2) The coaching staff may be required to assist the certified athletic trainer in the monitoring of the injured student-athlete during graduated return to participation.
- (3) Coaches must participate in an annual concussion education program as provided by the California Interscholastic Federation and/or their schools medical staff.

Certified Athletic Trainer:

- (1) The Certified Athletic Trainer (ATC) will provide assessment of concussion when injury has occurred and follow the treatment protocols as outlined in this concussion plan.
- (2) If baseline neurocognitive testing is provided for the student-athlete, the ATC will perform baseline testing for all students who participate in high risk sports which include American football, Men’s and Women’s Basketball, Men’s and Women’s Lacrosse, Men’s and Women’s Water polo, Men’s and Women’s Soccer, and Pole Vault.
- (3) Initial assessment of injury will include: sideline assessment of the athlete per protocol outlined in this document. Documentation of initial injury and follow-up evaluation and care.
- (4) Following concussion event, the ATC should provide continual monitoring of the student-athlete on the sideline. Consultation with the student’s physician *should* be obtained within days of the injury, *whenever possible*, contingent on obtaining a signed consent for the release of medical information.
- (5) The ATC will also facilitate the re-evaluation with the same testing protocol utilized for baseline testing, when applicable.

Physicians:

The student-athlete will not be permitted to return to athletic activity until he or she receives written clearance from a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO). The MD or DO must be the treating physician for the concussion injury.

*In a program where there is a team physician, this is the principal position in the management of the student-athlete with a concussion. The program physician will consult with the athletic trainer on the status of the student-athlete, review test results, and meet with the student-athlete when deemed appropriate. The physician will have the sole right and ability to release the student-athlete for return to play. The physician will also interpret neurocognitive testing when and when appropriate; refer a student-athlete for evaluation/treatment to appropriate specialists.

Student-Athlete:

- (1) The student-athlete should receive education by the school's Certified Athletic Trainer, if available or athletic staff on head injuries and concussion including a copy of "Concussion Information Sheet" which both the student-athlete and parent will be required to sign, annually.
- (2) It is important for the student-athlete to also understand the importance of recognizing the symptoms of a concussion and accept the responsibility of reporting these symptoms immediately to the medical staff.
- (3) A student-athlete who participates in a sport that is high risk for head injuries should also complete a preseason baseline neurocognitive test when available.

Parent/Guardian:

- (1) Parent/Guardian will give written agreement to Anaheim Union High School District's Concussion Policy and Procedures. By virtue of this agreement the parent/guardian will:
 - a. Seek medical care with an MD or DO experienced in evaluating concussion
 - b. Keep their student-athlete out of play until released by an experienced MD/DO
 - c. Teach their student-athlete that it is not smart to play with a concussion
 - d. Inform school officials, including the student-athlete's coaches, ATC, school nurse and health technician about any concussions the athlete may have had

Procedures:

A student-athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from practice or competition and evaluated by the athlete's healthcare provider with experience in the evaluation and management of concussion.

If a concussion injury is suspected or the student-athlete is diagnosed with a concussion that student-athlete shall not return to activity for the remainder of that day.

Sideline Evaluation:

- (1) Any student-athlete, who suffered loss of consciousness, has worsening symptoms, including headache, nausea, vomiting, increasing confusion, lethargy, difficulty speaking or moving a limb, or convulsions or seizure activity, should be transported urgently to an emergency facility by activating the emergency response system (EMS).
- (2) Any student-athlete with neck pain and/or upper extremity neurological findings should be treated as if a cervical spine injury is present.
- (3) For games or practice if no physician is present, and the student-athlete has minimal symptoms, the program ATC or other designated healthcare provider should be available to evaluate the athlete. If no healthcare provider is available, then the athlete should be sent to a medical facility for further evaluation. For more severe or worsening symptoms, EMS should be activated.
- (4) If an ATC is present and the student-athlete has non-urgent symptoms, post injury neurological testing, should be utilized for student-athlete evaluation, if available.
- (5) If a concussion is suspected, the student-athlete cannot return to practice or game.

Management:

- (1) At the time of injury, if a concussion is suspected the ATC, if available, should notify the administration, coach, and parents.
- (2) The student-athlete will be given written instructions for home, contained in the "Concussion/Head Injury Information Sheet".
- (3) Initial Physician Evaluation:
 - a. Confirm diagnosis of concussion
 - b. Determine if additional evaluation is necessary
 - c. Determine appropriate timing of post injury neurocognitive testing is applicable

- d. Discuss plan for follow-up evaluation and ongoing management with school athletic staff
- (4) Follow-up and management by ATC :
- a. Daily symptom check list (ACE)
 - b. Facilitate post injury neurocognitive testing if available on site and applicable.
 - c. Facilitate graded return to play protocol

Return to Play Decision:

When a student-athlete returns to participation, a decision is made on a case by case basis in consultation with the student's physician and the ATC. Many factors affect the length of time a student-athlete is held out of athletic participation and the student-athlete must be symptom free prior to any potential return to activity.

Graded Return to Play Protocol

Step 1 – No Activity, complete physical and cognitive rest, until all symptoms resolve

Step 2 – Light aerobic activity (stationary bike < 70% max. hr., 10-15 min)

Step 3 – Non-contact basic sport-specific exercise or training drills (increased aerobic intensity)

Step 4 – Non-contact more complex sport-specific training drill, ok to start resistance training

Step 5 – Full contact practice

Step 6 – Return to play

1. For steps 1-5 there will be at least 24 hours between each step, unless otherwise directed by the treating physician.
2. The student-athlete will be monitored for occurrence of symptoms during each step in the progression.
3. If the student-athlete has recurrence of symptoms, they will be held from activity for at least 24 hrs. and until symptoms resolve, then resume activity at the previous asymptomatic step.
4. There will be no return to contact until student-athlete is symptom free, the neurocognitive (if applicable) and balance testing are considered normal, and the student-athlete has tolerated the graded return to play protocol.
5. If neurocognitive testing continues to be abnormal, repeat testing will be done with at least 48 hrs. between testing