



Chesapeake Public Schools'

Sports Concussion Management Plan 2017-2018

Developed in collaboration with
The Children's Hospital of The King's Daughters
Sports Medicine Program.

CHKD Sports Medicine
The official athletic training services provider for
Chesapeake Public Schools





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Chesapeake Public Schools' Sports Concussion Management Plan

Chesapeake Public Schools (CPS) recognizes that a concussion is a serious injury to the brain resulting from a force or jolt applied directly or indirectly to the head producing a set of signs and symptoms reflecting the brain's dysfunction. CPS is committed to safe practice and provides a Sports Concussion Management Plan to educate parents, student-athletes, coaches and teachers about the nature and risks of concussions, and procedures to detect and treat these brain injuries prior to safe return to play. Central office and school administrators, athletic directors, coaches, school nurses, teachers, parents, student-athletes, certified athletic trainers (ATC)*, and other health care providers form a team to work together to identify concussions once they occur and to ensure safe return to play.

CPS guidelines mandate that if a student-athlete exhibits or reports any sign or symptom of a concussion, he/she will be removed from practice or play. Parents are notified on the day of the injury. The parents will obtain a proper medical evaluation by a licensed health care professional with training in concussion evaluation and management per the CPS Sports Concussion Management Plan described in the 13-step chart on pages 2 and 3 of this document. CPS acknowledges that clearance to return to play is a medical decision. The licensed health care professional(s) who evaluates the student-athlete is the only individual to provide clearance, which will then place the student-athlete in the care of the ATC to oversee the Gradual Return to Sports Participation Program found in Form 3 of this document. The licensed health care professional can not be a parent or guardian. CPS will not allow the student-athlete to participate in a practice or game while experiencing any lingering or persisting symptoms of a concussion, no matter how slight. The student-athlete must be completely symptom free (or pre-injury baseline) at rest and during physical and mental exertion, in school full-time without any new academic accommodations (excluding physical education class) and with neurocognitive functioning that has returned to their normal baseline, or presumed baseline, as determined by the results from the Immediate Post Concussion Assessment and Cognitive Testing (ImPACT) or other neurocognitive evaluation prior to return to sports training, practice, play, or competition. The student-athlete cannot return to physical education class until they have completed the Gradual Return to Sports Participation Program.

The CPS Sports Concussion Program includes the following five fundamental components:

- (1) Verified training of coaches on concussion risks, recognition, and management.
- (2) Education of parents and student-athletes on concussion risks, signs and symptoms, and post-injury management for sports and school. Parents and student-athletes will read, sign, and submit to the school the Chesapeake Public Schools Concussion Information Sheet before the first practice.
- (3) Immediate removal from play by the student-athlete's coach, ATC, or team physician of any student-athlete suspected of sustaining a concussion in a practice or game (i.e. exhibiting signs and/or symptoms). **“When in doubt, sit them out”** is the operating principle.

** The Certified Athletic Trainer (ATC) is a highly educated and skilled professional specializing in athletic health care. In cooperation with physicians and other allied health personnel, the athletic trainer functions as an integral member of the athletic health care team in secondary schools, colleges and universities, sports medicine clinics, professional sports programs and other athletic health care settings.*

- (4) Written clearance to return to play of the student-athlete by a licensed health care professional trained in the evaluation and management of a concussion. The written clearance must be received by the ATC before the student-athlete is allowed to return to the field/ court. **“Return to Play Requires Medical OK”** is the operating principle. (See Form 3, Gradual Return to Sports Participation Program)
- (5) Treatment of the Student-Athlete in School. School personnel will be trained on concussion management in the school. They will be informed of the student-athlete’s injury and its specific symptom manifestations- physical, cognitive, emotional, sleep. An individualized school care plan will be developed and implemented to assist the student-athlete’s recovery, providing maximally tolerated academic activities.

CPS Sports Concussion Management Plan: 13 Step Activities and Responsibilities

Activity	Responsible Party	Date	Evidence of Completion
Preseason (School Personnel, Coach, ATC, Parent, Student-Athlete)			
1. Concussion Program Policies and Procedures (P&P)	CPS Administration	Prior to start of season	Written policy in CPS manual; copy provided to all coaching staff
2. Examine/ review coaching methods to teach safe technique & skills; proper use of equipment	CPS Administration, athletic director/ staff	Prior to start of season	Written policies on coaching methods, techniques & skills
3. Coaching Education & Training - National Federation of High School Sports (NFHS) online video training, Center for Disease Control (CDC) Coach fact sheet, clipboard stickers	Coach	Prior to start of season	Verification of completion provided to administration Verification of understanding of CPS policy
4. Parent/Athlete Education (NFHS online video training, E60 Concussion Video, CDC Parent/Athlete fact sheet)	Parent, Student-Athlete	Prior to first practice	Signed Concussion Information Form
5. Develop list of concussion resources for education, consultation & referral [school, medical, Brain Injury Association of America (BIAA)]	Administration	Preseason	List of resources provided in P & P; available to coaches and families

6. School Personnel General Education & Training (CDC Toolkit)	School administration (health, school nurse, athletic director, PE teacher, school counselor, lead teacher, assistant principal)	Prior to school year (or when first possible)	Verification of training via pre/ post test Verification of understanding of CPS policy
7. Student-Athletes receive baseline	Coach, ATC, AD	Prior to first practice	Verification of testing provided by ATC
In-Season (Coach)			
1. Review concussion policy and procedures	Coach, ATC (when possible)	First day of practice, first parent meeting	Verbal report
2. On-field observation, removal of suspected concussion [CDC	Coach, (or ATC, or physician)	Immediate, when first suspected	Document on injury reporting form and verbal report to ATC
3. Parent informed of injury, given written instructions for initial action, medical	Coach, ATC	Day of injury	Parent provided Concussion Information for Parent Instructions
Post-Injury (Medical, Family, School)			
1. Medical evaluation and management	Licensed health care professional with concussion training	Early post-injury (same day, next day); ongoing to recovery	Medical Documentation
2. School Return: Student- specific education & training (CDC School toolkit, Academic Care Plan)	School nurse, school counselor/ asst principal, classroom teacher, PE teacher	Prior to / at time of student-athlete return to school	Academic Care Plan received / signed
3a. Clearance to begin Gradual Return to Sports Participation Program	Licensed health care professional with concussion training	When medically determined to be asymptomatic at rest (unless athlete started exercise due diagnosis by physician with Postconcussion Syndrome (PCS) or deemed medically appropriate	Medical documentation (Medical Clearance Form)
3b. Clearance to return to Full Competition	Licensed health care professional with concussion training	When medically determined to be asymptomatic with full exertion	Medical documentation (provided to family and coach)

Identification and Handling of Suspected Concussions in Student – Athletics

1. Student---athlete and Parent or guardian

a. In order to participate in any extracurricular athletic activity, CPS will require student-athletes and the student-athlete’s parent or guardian to review information on concussions on an annual basis (every 12 months). This information will include a parent and student---athlete fact sheet along with watching a concussion video provided by CPS. After having reviewed the materials describing the short---and long---term health effects of concussions, each student---athlete and the student-athlete’s parent or guardian shall sign a statement acknowledging receipt, review and understanding of such information [see Concussion Information Sheet]. *[Virginia Board of Education (BOE) Guideline A1]*

b. By signing this form the student –athlete and the student-athlete’s parent or guardian will accept the responsibility for reporting their injuries and illnesses to the coaching staff, school nurse and school ATC, including signs and symptoms of concussions.

c. All 7th grade student-athletes listed in Table 1 will be required to take a baseline neurocognitive test (ImPACT) after they make the team (before practice starts).

d. All 8th grade student-athletes listed in Table 1 who were not tested in the 7th grade will be required to take a baseline neurocognitive test (ImPACT) after they make the team (before practice starts).

e. All 9th grade student- athletes listed in Table 1 will be required to take a baseline neurocognitive test (ImPACT) after they make the team (before practice starts).

f. All 10th grade student-athletes listed in Table 1 who were not tested in the 9th grade will be required to take a baseline neurocognitive test (ImPACT) after they make the team (before practice starts).

g. All 11th grade student-athletes listed in Table 1 will be required to take a baseline neurocognitive test (ImPACT) after they make the team (before practice starts).

h. All 12th grade student-athletes listed in Table 1 will be required to take a baseline neurocognitive test (ImPACT) after they make the team (before practice starts) if they were not tested in the 11th grade.

i. In order to participate in any extracurricular athletic activity (Junior Varsity or Varsity or Middle School) listed in table 1 below (High-Risk Sports for Concussions), CPS will require the student-athlete to take a baseline neurocognitive test (ImPACT) Any student-athlete who participates in a sports not listed in table 1 can opt to take a baseline neurocognitive test (there may be a fee associated with the testing).

Table 1. High Risk Sports for Concussions

Baseball

Basketball

Cheerleading

Diving

Field events (shot put, discus, high jump, triple jump, long jump, pole vault)

Field hockey

Football

Gymnastics

(Continued on next page)

Soccer
Softball
Volleyball
Wrestling

j. Baseline testing will be done by school personnel experienced in administering standardized tests.

2. A student-athlete suspected by that student-athlete's coach, ATC, team physician or school nurse of sustaining a concussion or brain injury in a practice or game shall be removed from the activity at that time. The student---athlete who has been removed from play, evaluated by the school ATC or school team physician, and suspected to have a concussion or brain injury shall not return to play that same day. The student---athlete's concussion care will follow the CPS Sports Concussion Management Plan. Any student---athlete suspected of sustaining a concussion by the coach, ATC, team physician or school nurse must be treated according to the CPS Sports Concussion Management Plan. *(BOE Guideline A2, A3)*

3. CPS will establish a concussion policy team including a school administrator, athletic administrator, the Children's Hospital of the Kings Daughters (CHKD) medical director of the athletic training program, ATC, school nurse, coach, parent, and student. The team will review and refine the CPS Sports Concussion Management Plan on an annual basis (at a minimum). *(BOE Guideline A4)*

4. CPS recognizes that a concussion can affect the student---athlete's ability to function in many activities in the school setting. Therefore, CPS will assist the student---athlete with his/her academic needs and provide an individualized school care plan for the gradual reintroduction of cognitive demands for student---athletes who have sustained a concussion. *(BOE Guideline A1)*

Protocol for Return to Play

The CPS has established a Sports Concussion Clinical Management plan that describes in detail the protocol for return to play (see CPS Sports Concussion Clinical Management). *(BOE Guideline B1, B2)*

Helmet Replacement and Reconditions Policies and Procedures

Helmets will be National Operating Committee on Standards for Athletic Equipment (NOCSAE) certified by the manufacturer at the time of purchase. Reconditioned helmets will be NOCSAE recertified by the reconditioner. *(BOE Guideline C1, C2)*

Training Required for Personnel and Volunteers

CPS will require that school nurses, teachers, coaches, ATC, team physicians and licensed health care provider volunteers receive current training annually on recognizing the signs and symptoms of a concussion, strategies to reduce the risks of concussions, how to seek proper medical treatment for a student---athlete suspected of having a concussion, and when the student---athlete may safely return to training.

Coaches:

- * Review CPS Sports Concussion Management Plan policy and procedures
- * NFHS *Concussion in Sports: What You Need To Know* online video training, CDC Coach Fact Sheet, clipboard stickers, CDC *Heads Up: Concussion in High School Sports* tool kits will be provided
- * Teach safe technique & skills; proper use of equipment

Written verification/ acknowledgement will be provided to school administration prior to the first practice and on an annual basis. (*BOE Guideline D1, D2, D3, D4*)

School nurses, school counselors and teachers:

- * Review CPS Sports Concussion Management Plan policy and procedures
- * CDC *Heads Up to Schools: Know Your Concussion ABCs* tool kits will be provided.

Written verification/ acknowledgement will be provided to school administration prior to the start of school year and on an annual basis. (*BOE Guideline D1, D2, D3, D4*)

Volunteers:

- * Review CPS Sports Concussion Management Plan policy and procedures
- * CDC *Heads Up: Concussion in High School Sports* tool kits will be provided.

Written verification/ acknowledgement will be provided to school administration prior to the start of school year (or when first possible) and on an annual basis. (*BOE Guideline D1, D2, D3, D4*)

ATC:

- * Review CPS Sports Concussion Management Plan policy and procedures
- * American Academy of Pediatrics (AAP) *Sport-Related Concussion in Children and Adolescents 2010*
- * Continuing education programs through the National Athletic Trainers Association (NATA), CHKD and other professional organizations.
- * Ongoing in-services provided by the CHKD medical director of the CPS athletic training program. (*BOE Guideline D1, D2, D3, D4*)

Team Physicians:

- * Review CPS Sports Concussion Management Plan policy and procedures
- * AAP *Sport-Related Concussion in Children and Adolescents 2010*
- * CDC *Heads Up: Concussion in High School Sports* tool kits
- * CDC *Heads Up: Brain Injury in Your Practice* tool kits
- * Continuing education programs through CHKD and other professional organizations
(*BOE Guideline D1, D2, D3, D4*)

Community Involvement

CPS will provide these guidelines to organizations sponsoring athletic activity for student-athletes on school property and encourage the organization comply with concussion policies.
(*BOE Guideline E*)

*Guidelines refer to the Virginia Board of Education's Guidelines.

References

Sport-Related Concussion in Children and Adolescents. Halstead M, Walters K, and the American Academy of Pediatrics Council on Sports Medicine and Fitness. *Pediatrics* 2010.

Returning to Learning Following a Concussion. Halstead M, McAvoy K, et. al. and the American Academy of Pediatrics Council on Sports Medicine and Fitness. *Pediatrics*. 2013.

Consensus Statement on Concussion in Sport: the 4th International Conference on Concussion in Sport Held in Zurich, 2012. *Clinical Journal of Sports Medicine* 2013.

CDC educational material available online at
http://www.cdc.gov/concussion/HeadsUp/high_school.html

National Federation of State High School Associations' (NFHS) online education course available at www.nfhslearn.com

Information regarding ImPACT is available online at www.impacttest.com



CPS Sports Concussion Clinical Management

When a student-athlete sustains a concussion or is suspected by the athletic trainer, coach, team physician or school nurse of having a concussion, the management plan outline below will be followed.

1. Evaluated by Certified Athletic Trainer (ATC) with SCAT 3 (Sideline Concussion Assessment Tool) at the time of the injury. If the ATC condition confirms the athlete has a concussion it will be treated as such.
2. If an ATC is not available then the coach will remove the student-athlete from the game or practice. The coach will contact the parent and refer the student-athlete to their Primary Care Physician (PCP) or Emergency Department. The coach will also contact the ATC.
3. The student-athlete MUST be evaluated by their PCP or a sports concussion specialist prior to returning to play unless they are managed by the ATC per 4(a) below.
4. All student-athletes who have had a prior concussion at any time must be evaluated by a physician.
5. All student-athletes must bring written documentation of medical clearance (Form #2) from the licensed health care provider prior to starting the Gradual Return to Sports Participation Program.
6. The student-athlete must have no symptoms above their baseline for a minimum of 24 hours prior to considering medical clearance for starting the Gradual Return to Sports Participation Program.
7. All student-athletes must follow a Gradual Return to Sports Participation Program (minimum of 5 days) prior to returning to full participation.
8. If the student-athlete develops any signs or symptoms during the Gradual Return to Sports Participation Program after they have rested for 24 hours and tried a second time to progress they must be re-evaluated by a physician.
9. If a physician has diagnosed the student-athlete with PCS or deem it medically appropriate they may start some exercise prior to final medical clearance to complete the Gradual Return to Sports Participation Program.
10. The Gradual Return to Sports Participation Program will be monitored by the ATC unless they have completed the program as part of a prescribed physical therapy program. If physical therapy was completed, the final phases of the Gradual Return to Sports Participation may still need to be completed with the ATC.

After the school ATC evaluates the student-athlete, management will follow 4 possible pathways depending on the assessment (per *2010 AAP Sport-Related Concussion in Children and Adolescents*, 2012 Zurich Concussion in Sport Group Consensus):

1. Immediate referral to emergency department
 - a. The ATC will contact the student-athlete's parent and give them the Athletic Training Concussion Information for Parents and Guardians (Form #1).
 - b. The student-athlete must be seen by and have the medical clearance for Gradual Return to Sports Participation Program (Form #2) signed by the PCP or sports concussion specialist (see #2 and #3 below) prior to starting a Gradual Return to Sports Participation Program (Form #3).

2. Referral to PCP

- a. The ATC will contact the student-athlete's parent and give them the Athletic Training Concussion Information for Parents and Guardians (Form #1).
- b. The post-injury ImPACT testing will be offered to the PCP as part of the student-athlete's concussion management (via written and/ or oral communication from the ATC).
- c. The PCP will interpret the ImPACT test prior to clearing the student-athlete to start a Gradual Return to Sports Participation Program.
- d. The PCP can clear the student-athlete for a Gradual Return to Sports Participation (Form #2)(minimum 5 day progression) **or** refer to a sports concussion specialist.
- e. The ATC will perform the post injury ImPACT when the student-athlete's examination is back to baseline **AND** has a request (written or oral) from the PCP to perform the test. The ATC examination will include the symptom checklist, neurologic examination, and balance testing.
- f. The Gradual Return to Sports Participation Program (Form #3) can be started by the ATC if there is a delay in the interpretation of the post-injury ImPACT test by the PCP. However, no contact or collision can occur until the ImPACT test is interpreted.
- g. The student-athlete may start some exercise prior to clearance if a physician has diagnosed them with PCS or deem it medically appropriate. In order for the exercise to be considered for the Gradual Return to Sports Participation Program, the exercise must be supervised by the ATC.

If the PCP decides not to request the post-injury ImPACT test:

- h. The post-injury ImPACT test is not performed and the PCP signs off on the clearance for the student-athlete to start a Gradual Return to Sports Participation (Form #2)(minimum 5 day progression).
 - i. The PCP acknowledges that the post-injury ImPACT test was not performed and used in their evaluation (via Form #2)
 - j. The Parent acknowledges that the post-injury ImPACT test was not performed and used in the evaluation (via Form #2)
 - k. The parent has the option to take the athlete to a sports concussion specialist.
- ## 3. Referral to a sports concussion specialist (sports medicine physician or sports neurologist)
- a. The ATC will contact the student-athlete's parent and give them the Athletic Training Concussion Information for Parents and Guardians (Form #1).
 - b. Post-injury ImPACT testing will be done by the ATC or the physician's office (as directed by the physician). The student-athlete's examination must be back to the pre-injury baseline prior to completing a Gradual Return to Sports Participation Program. The physician will interpret the post-injury ImPACT test if it was ordered.
 - c. The physician will clear the student-athlete for a Gradual Return to Sports Participation Program supervised by the ATC when medically appropriate and written documentation (Form #2) will be given to the parent, student-athlete and ATC.
 - d. The student-athlete will begin a Gradual Return to Sports Participation Program (Form #3) supervised by the ATC.
 - e. The student-athlete may start some exercise prior to clearance if a physician has diagnosed them with PCS or deem it medically appropriate. In order for the exercise to be considered for the Gradual Return to Sports Participation Program, the exercise must be supervised by the ATC.

4. Manage by ATC

- a. The ATC can initially manage the concussion if the following criteria are met:
 - i. The student-athlete's signs and symptoms are completely absent within 15 minutes from the time of injury
 - ii. The physical and cognitive examination are normal within 15 minutes
 - iii. Balance testing is normal within 15 minutes
- b. The ATC will contact the student-athlete's parent and give them the Athletic Training Concussion Information for Parents and Guardians (Form #1). If the parent wishes to be evaluated by a physician the ATC will facilitate the process as above (a., i-iii).
- c. The ATC will call the CHKD sports medicine physician on-call at the time of the injury (within the first few hours) to discuss the student-athlete's concussion if needed for consultation.
- d. The ATC will monitor the student-athlete's progress with the symptom checklist, physical and cognitive examination, and balance test the day after the injury.
- e. If the student-athlete has any findings consistent with a concussion when the ATC re-evaluates the student-athlete the day after the injury they will be referred to a physician for further management (a., i-iii).
- f. The ATC's documentation will include:
 - i. SCAT 3 (if ATC was present at time of the injury)
 - ii. A detailed summary note, which will include all documentation of the injury in a SOAP format using the CHKD head injury form.
 - iii. Medical clearance for Gradual Return to Sports Participation (Form #2) signed by the ATC.
 - iv. Form #2 signed by a parent.
 - v. The SCAT 3, ATC summary note and Medical Clearance form will be included in the student-athlete's medical record at the school.
- g. The student-athlete will begin a Gradual Return to Sports Participation Program (Form #3) supervised by the ATC. If the student-athlete develops any symptoms during the progression the ATC will refer the student-athlete to a physician for further management (a., i-iii).
- h. If the parent wishes to have the post-injury ImPACT test utilized they will be referred to a physician experienced in its use prior to completing the Gradual Return to Sports Participation Program.

Appendix 1

Physician Referral Signs and Symptom List (ED, PCP, Sports Medicine)

Day of Injury Referral

Requires immediate transport to nearest emergency department via EMS

1. Deterioration of neurologic function
2. Decreasing level of consciousness
3. Decrease or irregularity of respirations
4. Decrease or irregularity of pulse
5. Unequal, dilated, or unreactive pupils
6. Cranial nerve abnormalities
7. Any signs or symptoms of associated injuries, spine, or skull fracture, or bleeding
8. Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation
9. Seizure activity
10. Vomiting

Transport disposition is dependent on ATC assessment

11. Loss of consciousness on the field
12. Amnesia lasting longer than 15 minutes
13. Increase in blood pressure
14. Motor deficits subsequent to initial on-field assessment
15. Sensory deficits subsequent to initial on-field assessment
16. Balance deficits subsequent to initial on-field assessment
17. Cranial nerve abnormalities subsequent to initial on-field assessment
18. Post concussion symptoms that worsen
19. Additional post concussion symptoms as compared with those on the field
20. Athlete is still symptomatic at the end of the game

Referral after the Day of Injury

1. Any of the findings in the Day of Injury referral list
2. Post concussion symptoms that become present

Appendix 2

Useful websites regarding concussions:

CHKD Sports Concussion Program
<http://www.chkd.org/concussions>

CDC Concussion in Sports
<http://www.cdc.gov/concussion/sports/index.html>

American Academy of Pediatrics (AAP) Sport-Related Concussion in Children and Adolescents
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;126/3/597>

American Academy of Pediatrics (AAP) Returning to Learning Following a Concussion
<http://pediatrics.aappublications.org/content/early/2013/10/23/peds.2013-2867.full.pdf+html>

Virginia High School League (VHSL)
http://www.vhsl.org/sports_medicine/concussions

National Federation of State High School Associations (NFHS) Free online course
<http://www.nfhslearn.com/>

NFHS Parent's Guide to Concussion in Sports
<http://www.nfhs.org/content.aspx?id=3325>



SCHOOL RECOMMENDATIONS FOLLOWING CONCUSSION

Patient Name: _____ Date of Birth : _____
 Date of Evaluation : _____ Referred by: _____
 Duration of Recommendations : 1 week 2 weeks 4 weeks Until further notice

The patient will be reassessed for revision of these recommendations in _____ weeks.

This patient has been diagnosed with a concussion (a brain injury) and is currently under our care. Please excuse the patient from school today due to the medical appointment. Flexibility and additional supports are needed during recovery. The following are suggestions for academic adjustments to be individualized for the student as deemed appropriate in the school setting. Feel free to apply/remove adjustments as needed as the student's symptoms improve/worsen.

Attendance

- _____ No school for ___ school day(s)
- _____ Attendance at school ___ days per week
- _____ Full school days as tolerated by the student
- _____ Partial days as tolerated by the student

Visual Stimulus

- _____ Allow student to wear sunglasses/hat in school
- _____ Pre--printed notes for class material or note taker
- _____ Limited computer, TV screen, bright screen use
- _____ Reduce brightness on monitors/screens
- _____ Change classroom seating as necessary

Workload/Multi---Tasking

- _____ Reduce overall amount of make---up work, class work and homework
- _____ Reduce amount of homework given each night
- _____ Extended time on homework, projects

Physical Exertion

- _____ No physical exertion/athletics/gym/recess
- _____ Walking in gym class only
- _____ Begin return to play protocol as outlined by return to activity form

Breaks

- _____ Allow the student to go to the nurse's office or put head on desk if symptoms increase
- _____ Allow student to go home if symptoms do not subside
- _____ Allow other breaks during school day as deemed necessary and appropriate by school personnel

Audible Stimulus

- _____ Lunch in a quiet place with a friend
- _____ Avoid music or shop classes
- _____ Allow to wear earplugs as needed
- _____ Allow class transitions before bell

Testing

- _____ Additional time to complete tests or open book tests
- _____ No more than one test a day
- _____ No standardized testing until _____
- _____ Allow for scribe, oral response, and oral delivery of questions, if available

Additional Recommendations

Current Symptoms List (the student is noting these today)

- | | | | |
|-----------------|----------------------------|--------------------------------|---------------------|
| _____ Headache | _____ Visual problems | _____ Sensitivity to noise | _____ Memory issues |
| _____ Nausea | _____ Balance problems | _____ Feeling foggy | _____ Fatigue |
| _____ Dizziness | _____ Sensitivity to light | _____ Difficulty concentrating | _____ Irritability |

 Dr. XXXXXXXXXXXXXXXX Date
 XXXXXXXXXXXXXXXXXXXX
 Office (757) Fax (757)

I, _____, give permission for Dr. XXXXXXXX to share the following information with my child's school and for communication to occur between the school and Dr. XXXXXXXX for changes to this plan

 Parent Signature Date

Chesapeake Public Schools
Student Athlete Concussion Protocol
Return---To---Learning Following a Concussion
High School Notification Flow Chart

Timeline: Following receipt of the physician notification, the School Nurse will send the e-mail message to teachers, etc., immediately.

Note: Return-To-Learning was discussed at the API meeting on January 7, 2014. Return-To-Learning is the primary topic for our annual Concussion Review Committee.

→→A Licensed Healthcare Professional (LHCP) will initiate the return

- 1) Certified Athletic Trainer
- 2) Physician
- 3) Nurse Practitioner
- 4) Physician Assistant
- 5) Neuropsychologist
- 6) Doctor of Osteopathic Medicine

→→The LHCP will notify the School Nurse via:

- 1) Student-Athlete
- 2) Parent of Student Athlete
- 3) Electronic delivery (e.g. Fax or e-mail attachment)

→→The School Nurse will notify all concerned parties via e-mail:

- 1) To: Teachers
- 2) CC:
 - ♣♣Principal
 - ♣♣Assistant Principal For Instruction (API)
 - ♣♣Parent
 - ♣♣School Counselors
 - ♣♣Athletic Director (will notify the coach)
 - ♣♣Certified Athletic Trainer
 - ♣♣Student
 - ♣♣ _____



Athletic Training Concussion Information for Parents and Guardians

Dear Parent or Guardian,

While participating in athletics on (date) _____ your son/daughter _____ sustained a head injury that appears to be a concussion or brain injury. This fact sheet should answer your questions about concussions and how to treat them.

Your student-athlete’s safety is our main priority. Your student-athlete will not be able to return to activity until a medical physician or your child’s school athletic trainer (depending on their assessment) has determined that it is safe to do so with written clearance. Your student-athlete must complete the CPS supervised Gradual Return to Sports Participation Program prior to being allowed to compete. You should take your student-athlete to his/ her primary care physician or you can call CHKD Sports Medicine (668-PLAY) to see their pediatric concussion specialists, Dr. Joel Brenner or one of his colleagues. If you have any questions or concerns please call us at the number listed below.

Sincerely,

(Signature) _____

Joel Brenner, MD
Director, CHKD Sports Concussion Program
Office: (757) 668-PLAY (7529)

_____, ATC
Certified Athletic Trainer
Cell Phone: (757) _____

What is a concussion?

A concussion is a brain injury which results in a temporary disruption of normal brain function. A concussion is caused by a bump, blow or jolt to the head or body. Even what seems to be a mild bump to the head can be serious. A student-athlete does not have to lose consciousness (“knocked-out”) to suffer a concussion.

A concussion may cause multiple symptoms. Many symptoms appear immediately after the injury, while others may develop over the next several days or weeks. The symptoms may be subtle and are often difficult to fully recognize.

Physical		Cognitive	Emotional	Sleep
Headache	Visual problems	Feeling mentally foggy	Irritability	Drowsiness
Nausea/ vomiting	Fatigue/ feeling tired	Feeling slowed down	Sadness	Sleeping less than usual
Dizziness	Sensitivity to light or noise	Difficulty remembering	More emotional	Sleeping more than usual
Balance problems	Numbness/ tingling	Difficulty concentrating	Nervousness	Trouble falling asleep

What should I do the first 24-48 hours?

- Your student-athlete should not be left alone and should be checked throughout the night.
- It is OK to let them go to sleep. You only need to wake them up if you are concerned about their breathing or how they are sleeping.
- Your student-athlete should not drive while they are still having symptoms.
- Check with your doctor before giving your child any prescribed pain medicine.
- It is OK to use an ice pack on the head and neck for comfort.

When should I take my child to the doctor?

All student-athletes who sustain a concussion need to be evaluated by a licensed health care professional who is familiar with sports concussion diagnosis and management. You should call your student-athlete’s physician and explain what has happened. A follow up appointment should be scheduled with your primary care doctor or a sports concussion specialist if directed by your personal physician.

If any of your student-athlete’s signs or symptoms is worsening they should be taken to the emergency department IMMEDIATELY. Additional symptoms to watch for that would require you to call your doctor or go to the emergency department IMMEDIATELY include:

Headaches that worsen	Very drowsy, can’t be awakened	Can’t recognize people or places
Seizures	Repeated vomiting	Increasing confusion
Neck pain	Slurred speech	Weakness/ numbness in arms/ legs
Unusual behavior change	Significant irritability	Less responsive than usual

When can a student-athlete return to play following a concussion?

After suffering a concussion, **no student-athlete should return to play or practice on that same day.** Studies have shown us that a young brain does not recover quickly enough for a student-athlete to return to activity in such a short time. Your student-athlete should *not participate in any HIGH risk activities that may result in head injury such as physical education class, recess, ride a bike or skateboard* until cleared by a licensed health care professional.

Once a student-athlete no longer has symptoms of a concussion for a minimum of 24 hours and is cleared to return to physical activity by a licensed health care professional knowledgeable in the care of sports concussions, he or she should proceed with activity in a supervised step-wise fashion to allow the brain to re-adjust to exertion. This should occur over a minimum of 5 days. (See Gradual Return to Sports Participation Program, Form #2)

****The Medical Clearance for the Gradual Return to Sports Participation form (Form #2) must be signed by a LHCP and returned to your school ATC prior to beginning the progression UNLESS an extended exercise protocol prescribed by a physician needs to be implemented.***

How can a concussion affect schoolwork?

Following a concussion, many student-athletes will have difficulty in school. These problems may last from days to months and often involve difficulties with short and long-term memory, concentration, and organization.

In many cases it is best to lessen the student-athlete’s class load early on after the injury. This may include staying home from school for a few days, followed by a lightened schedule for a few days, or perhaps a longer period of time, if needed. Decreasing the stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time.

Why is it so important that a student-athlete not return to play until they have completely recovered from a concussion?

A second concussion that occurs before the brain recovers from the first can slow recovery or increase the chances of long-term problems. In rare cases, brain swelling can result leading to permanent brain damage or even death (“second impact syndrome”).

What is the best treatment to help my student-athlete recover more quickly from a concussion?

The best treatment for a concussion is rest, both physically and mentally. There are no medications that can speed the recovery from a concussion. Exposure to loud noises, bright lights, computers, video games, television and phones (including text messaging) all may worsen the symptoms of a concussion. You should allow your student-athlete to rest as much as possible in the days following a concussion. As the symptoms lessen, you can allow increased use of computers, phone, video games, etc., but the access must be lessened if symptoms worsen.

How long do the symptoms of a concussion usually last?

The symptoms of a concussion will usually go away within one week to three weeks of the initial injury. However, in some cases symptoms may last for several weeks, or even months.

Is a “CT scan” or MRI needed to diagnose a concussion?

Diagnostic testing, which includes CT (“CAT”) and MRI scans, are rarely needed following a concussion. While these are helpful in identifying life-threatening brain injuries (e.g. skull fracture, bleeding, swelling), they are not normally utilized, even by student-athletes who have sustained concussions with severe symptoms. A concussion is diagnosed based upon the student-athlete’s description/story of the injury/event and the licensed health care provider’s physical examination.

When should the student-athlete see a sports concussion specialist?

Any student-athlete who has had significant or recurrent head injuries or the symptoms persist beyond 5-7 days may benefit from a specialty evaluation from a pediatric sports concussion program. Your personal physician may also recommend a specialty evaluation if they have any concerns or need further assistance with your student-athlete’s concussion management. Neuropsychological testing, which should be part of the evaluation when possible, can be helpful to assist with return to academic and physical activity. (2010 AAP Sport-Related Concussion in Children and Adolescents)

Some of this information has been adapted from the CDC’s “Heads Up: Concussion in High School Sports” and the NFHS’s Sports Medicine Advisory Committee. Please go to www.cdc.gov for more information.



Student-Athlete _____
 DOB _____ Date of injury _____
 Today's Date _____
 Sport _____

Medical Clearance for Gradual Return to Sports Participation Following Concussion

**To be completed by the Licensed Health Care Provider (LHCP)
(This cannot be a parent or guardian)**

The above-named student-athlete sustained a concussion. The purpose of this form is to provide initial medical clearance before starting the Gradual Return to Sports Participation Program, as directed by current medical evidence (2010 AAP Sport-Related Concussion in Children and Adolescents, 2012 Zurich Concussion in Sport Group Consensus). Patients diagnosed with Postconcussion Syndrome may be prescribed exercise by a physician prior to starting/completing this program.

Criteria for Medical Clearance for Gradual Return to play (Check each)

The student-athlete must meet all of these criteria to receive medical clearance.

- 1. No Symptoms at rest for minimum 24 hours/ no medication use to manage symptoms (e.g., headaches)
 - 2. No return of symptoms with typical physical and cognitive activities of daily living
 - 3. Neurocognitive functioning at typical baseline
 - 4. Normal Balance and coordination
 - 5. No other medical/neurological complaints/findings

Detailed Guidance

1. Symptom checklist: None of these symptoms should be present. Assessment of symptoms should be broader than athlete report alone. Also consider observational reports from parents, teachers, others.

Physical		Cognitive	Emotional	Sleep
Headaches	Sensitivity to light	Feeling mentally foggy	Irritability	Drowsiness
Nausea	Sensitivity to noise	Problems concentrating	Sadness	Sleeping more than usual
Fatigue	Numbness/tingling	Problems remembering	Feeling more emotional	Sleeping less than usual
Visual problems	Vomiting	Feeling more slowed down	Nervousness	Trouble falling asleep
Balance problems	Dizziness			

2. Exertional assessment (Check): The student-athlete exhibits no evidence of return of symptoms with:

- Cognitive activity:** concentration on school tasks, home activities (e.g. TV, computer, pleasure reading)
- Physical activity:** walking, climbing stairs, activities of daily living, endurance across the day

3. Neurocognitive Functioning (Check): The student-athlete's cognitive functioning has been determined to have returned to its typical pre-injury level by one or more of the following:

- Appropriate neurocognitive testing**
- Reports of appropriate school performance/ home functioning (concentration, memory, speed) in the absence of symptoms listed above**

4. Balance & Coordination Assessment (Check): The student-athlete is able to successfully perform:

- Romberg Test OR SCAT2 (Double leg, single leg, tandem stance, 20 seconds, no deviations from proper stance)**
- 5 successive Finger-to-Nose repetitions < 4 sec**

I certify that: I am aware of the current medical guidance on concussion evaluation and management; the above-named student- athlete has met all the above criteria for medical clearance for his/her recent concussion, and as of this date is ready to return to a progressive Gradual Return to Sports Participation Program (lasting minimum of 5 days).

Check only ONE Post-injury ImPACT test was used Post-injury ImPACT test was **NOT** used

LHCP Name (PRINT) _____ Phone# _____ Parent Name (PRINT) _____

Signature _____ Date: _____ Signature _____ Date _____



Gradual Return to Sports Participation Program Following a Concussion

After a student-athlete has sustained a concussion they will be started on a supervised Gradual Return to Sports Participation Program only after they have received written medical clearance from the licensed health care provider (see Form #2). Ideally the program will be supervised by the school certified athletic trainer (ATC).

Rehabilitation Stage	Functional Exercise	Objective of Stage
1. No activity	Complete physical and cognitive rest	Recovery
2. Light aerobic activity	Walking, swimming, stationary cycling keeping intensity <70% maximum heart rate; no resistance exercises	Increase heart rate
3. Sport-specific exercise	Specific sport-related drills but no head impact	Add movement
4. Noncontact training drills	More complex training drills; may start light resistance training	Exercise, coordination, cognitive load
5. Full-contact practice	After medical clearance, participate in normal training	Restore confidence and assess functional skills by coaches
6. Return to play	Normal game play	

(Adapted from 2010 AAP Sport-Related Concussion in Children and Adolescents; 2012 Zurich Concussion in Sport Group Consensus)

Each stage in concussion rehabilitation should last no less than 24 hours with a minimum of 5 days required after activity is started to consider a full return to competition. If symptoms recur during the rehabilitation program, the student-athlete should stop immediately. Once asymptomatic after at least another 24 hours, the student-athlete should resume at the previous asymptomatic level and try to progress again. Student-athletes must contact their licensed health care provider if symptoms recur. Any student-athlete with multiple concussions or prolonged symptoms may require a longer concussion-rehabilitation program, which is ideally created by a physician who is experienced in concussion management.

Prior to any contact practice the student-athlete may be given a post-injury ImPACT test that will be interpreted by a physician and/or neuropsychologist knowledgeable in concussion management. The ImPACT results will be used in conjunction with the entire history and assessment to help determine “return to play” status.

As each sports concussion is unique, the concussion management plan will be individualized for each student-athlete. The ultimate goal of the concussion program is to allow a safe return to play and minimizing any long-term health problems from a concussion.



Patient Name: _____ Date of Evaluation: _____

The student-athlete named above has suffered a concussion and may not return to ANY contact sport activity (practice, games, contact drills, conditioning) until cleared by this clinic. Please see below for permitted levels of exertion:

_____ No physical exertion until next clinic visit

_____ No physical exertion until _____.

1) If student-athlete is symptom free on the above date he/she can begin low levels of physical exertion. **This includes walking, light jogging, and light stationary biking (heart rate <70% max)**

- If symptoms return with low level activity, stop all physical activity for 24 hours then re- attempt low level activity.
- If symptom free, continue with low levels of physical exertion until _____.

2) If student-athlete remains symptom free, begin moderate levels of physical exertion. **This includes moderate jogging/brief running, moderate-intensity stationary biking, light weightlifting (reduced time and reduced weight from your typical routine), sport-specific exercise (e.g., running drills in soccer), but NO head impact.**

- If symptoms return with moderate level activity, then stop all physical activity for 24 hours and return to low level activities.
- If symptom free, continue with moderate levels of physical exertion until _____.

3) If student-athlete is symptom free, begin high levels of physical exertion. **This includes sprinting/running, high-intensity stationary biking, and regular weightlifting routine, non-contact sport-specific drills (e.g., passing drills in football).**

- If symptoms return with high level activity, then stop all physical activity for 24 hours and return to moderate level activities.
- If symptom free, continue with high levels of physical exertion until _____.

4) If student-athlete is symptom free, begin **full contact training.**

- If symptoms return with full contact training then stop all physical activity for 24 hours and return to high level activities.

5) If student-athlete is **symptom free for 24-48 hours he/she can return to full sports participation**

Additional Recommendations and Special Instructions:

- Please complete the progression while monitored by an ATC and have them contact our office once completed.*
- Please have the ATC fax or e-mail the signed form once the progression has been completed.*
- Please administer ImPACT testing at the completion of stage _____.*

I attest that the above named patient has completed the outlined progression of activity under my supervision

Signature and printed name title of LFCP

ATC Name and Signature



Parents and Student---Athletes: Please read, sign and keep a copy. You must turn in a signed copy prior to the start of practice.

Chesapeake Public Schools

Concussion Information Sheet

A Concussion is a brain injury and all brain injuries are serious. 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. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding,” “getting your bell rung,” or a bump on the head can be serious. You can’t see a concussion and most sports concussions 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. If your student-athlete reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

***Symptoms may include one or more of the following:**

- > Headaches
- > “Pressure in head”
- > Nausea or vomiting
- > Neck pain
- > Balance problems or dizziness
- > Blurred, double, or fuzzy vision
- > Sensitivity to light or noise
- > Feeling sluggish or slowed down
- > Feeling foggy
- > Drowsiness
- > Amnesia
- > “Don’t feel right”
- > Fatigue or low energy
- > Sadness
- > Nervousness or anxiety
- > Irritability
- > More emotional
- > Confusion
- > Concentration or memory problems
- > Repeating the same question/ comment
- > Change in sleep patterns

***Signs observed by teammates, parents and coaches include:**

- > Appears dazed
- > Vacant facial expression
- > Confused about assignment
- > Forgets plays
- > Is unsure of game, score, or opponent
- > Moves clumsily or displays incoordination
- > Answers questions slowly
- > Shows behavior or personality changes
- > Can’t recall events prior to event
- > Can’t recall events after event
- > Seizures or convulsions
- > Any change in typical behavior or personality
- > Loses consciousness
- > Slurred speech

*Adapted from the CDC, AAP and 4th International Conference on Concussion in Sport

Concussion Information Sheet

Parent/ Guardian Copy



Chesapeake Public Schools
Concussion Information Sheet

What can happen if my student-athlete keeps on playing with a concussion or returns too soon?

Student-athletes with the signs and symptoms of concussions should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the student-athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after the concussion occurs, particularly if the student-athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage student-athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and student-athletes is the key for the student-athlete’s safety.

If you think your student-athlete has suffered a concussion

Any student-athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No student-athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the student-athlete should continue for several hours. CPS requires the consistent and uniform implementation of well-established “return to play” concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time”

and

“...may not return to play until the student-athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider, which will initiate the ‘Gradual Return to Sports Participation Program’ (see Form 3)”

You should also inform your child’s coach if you think that your child may have a concussion. Remember... it’s better to miss one game than miss the whole season. And... “when in doubt, the athlete sits out.”

For current and up-to-date information on concussions you can go to:

www.CHKD.org/concussion and
http://www.cpschools.com/departments/student_services/health_athletic_forms.php

- o **I have read this information sheet and watched the CPS concussion video**

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Adapted from the CDC, AAP and 4th International Conference on Concussion in Sport



Chesapeake Public Schools
Concussion Information Sheet

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Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Adapted from the CDC, AAP and 4th International Conference on Concussion in Sport

Revised: 5/28/2014

Concussion Information Sheet

School Copy (Submit to Athletic Director or Athletic Trainer)