CONCUSSION MANAGEMENT PLAN

Concussion Management Team: Associate Head of School, Division Head, Grade Advisor, School Nurse, Athletic Trainer (ATC), Recreational Arts Co-Chairs, School Learning Specialist, and School Psychologist. Team members shall be familiar with “Guidelines for Concussion Management in the School Setting”, published by the New York State Department of Education.

Student athletes on all Saint Ann's teams, from grades 5-12, will be ImPACT tested prior to the first tryout to establish a neu-rocognitive baseline. The athlete will be retested 24-72 hours post-injury if a concussion is suspected. The baseline and post-injury data are given to a physician trained in ImPACT to help evaluate the injury.

Athletes who experience one or more of the following signs and symptoms after a bump, blow, or jolt to the head or body may have a concussion:

**Signs and Symptoms of a Concussion**

**Signs Observed by Coaching Staff**

- Appears dazed or stunned
- Is confused about assignment/position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit of fall
- Can't recall events after hit or fall

**Symptoms Reported by Athlete**

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

**IF AN ATHLETE SUSTAINS A HEAD INJURY**, the coach or ATC should take the following steps:

1. **Remove the athlete from play.**
2. **Perform appropriate tests.** If athletic trainer (ATC) is present, he/she will administer SCAT5 test and determine the necessity of administering a post-injury ImPACT test.
3. **Contact the athlete's parents:**
   - Tell parents that they must pick up their child from the school or field.
   - Tell parents that their child may have a concussion and must seek medical attention. The athlete **must be cleared by a physician who specializes in concussion management** before returning to participation in practices or games (as per NY State Law).
4. **Fill out two copies of the Head Injury Form:** one for parent/athlete to bring to a doctor and one for the school records. Show parents the signs and symptoms of a concussion on the back side of the Head Injury Sheet, and instruct them to monitor their child.
5. **Call or email the ATC** (if not present), school nurse, appropriate division head, and both Recreational Arts Co-Chairs.
6. **The ATC will inform the remainder of the Concussion Management Team.**
The Concussion Management Team will *provide support and guidance* to the athlete and his/her parents, teachers, and coaches throughout the recovery process.

The athlete will remain out of play (practices and games) until cleared by a health care physician and by the ATC. Once cleared, the ATC will gradually reintroduce the athlete into play according to NATA guidelines.

**EMERGENCY SITUATIONS**

The following situations indicate a medical emergency and **REQUIRE a 9-1-1 call:**

- Neck pain/tenderness, specifically located along the spine.
- Loss of consciousness of any duration. The athlete should be spine boarded and transported by emergency vehicle to nearest emergency department.
- Drowsiness or cannot be awakened
- Weakness, numbness, or decreased coordination
- A headache that gets worse and that does not go away
- Repeated vomiting or nausea
- Decrease or irregularity in respirations
- Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- One pupil larger than the other

After 9-1-1 has been called, the coach or ATC (if present) must contact the athlete’s parents. Once the athlete is being treated, the coach or ATC should contact the ATC (if not present), the school nurse, the appropriate division head, and both recreational arts co-chairs.

**Return to physical activity after a concussion:**

1. The athlete must meet the following requirements in order to return to activity:
   a. Have written clearance from a physician or specialist (either must have a scope of practice which includes management and evaluation of concussions) who has personally evaluated the student.
   b. Be symptom free at rest and with exertion.
2. Athletes will return to activity following the steps below. Progression through these steps will be on a case-by case basis. **Each step requires monitoring the student over a 24-hour period.** The ATC is responsible for supervising this process.
   a. NO activity until asymptomatic for 1 week
   b. Light exercise- walking or stationary bike
   c. Sport specific exercises (e.g., light jogging increased to running in soccer, basketball; short running in baseball/softball/track)
   d. Non-contact training drills
   e. Full contact training drills
   f. Return to practices/games
3. Once the athlete may resume activities, the ATC will inform the recreational arts teachers, coaches, and the Concussion Management Team of any physical restrictions on a daily basis.
4. The student-athlete must see the ATC daily for reassessment until he/she has progressed to unrestricted activity and is asymptomatic for 24 hours after the assessment.
**Return to academic pursuits after a concussion:**
Depending upon the severity of the concussion, the treating physician may require the student to avoid or limit the following activities to allow for cognitive rest:

- Computers, video games, texting
- Reading or writing
- Television viewing
- Studying or homework
- Loud music
- Taking a test
- Bright lights
- Completing significant projects

Students may only be able to attend school for short periods of time. **The division head** will alert the members of the concussion management team and the student’s teachers of academic accommodations and physical restrictions that may be needed.