

SHARYLAND ISD

CONCUSSION MANAGEMENT

January 12th, 2012

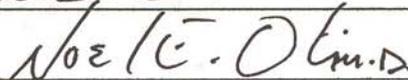
The following is a concussion management plan as required by the state of Texas with the passing of Chapter 38.Sub Chapter D of the Texas Education Code (TEC) otherwise known as Natasha's Law.

As outlined in this law, the Sharyland Independent School District has gathered a Concussion Oversight Team (COT) that consists of 2 physicians both licensed in the state of Texas and 4 Texas and nationally licensed athletic trainers. The purpose of this COT is to develop a concussion management plan that contains the following as it relates to concussions: supervision, roles of employees, definitions, signs and symptoms, action plans, return-to-play guidelines, and parent or guardian forms.

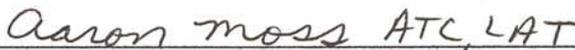
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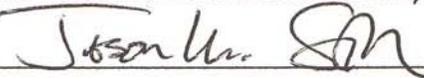
Dr. Noe Oliveira, MD:



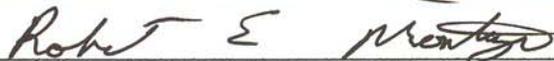
Aaron Moss, ATC, LAT:



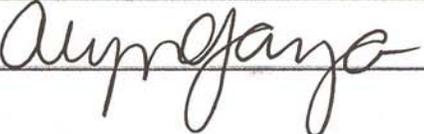
Jason M. Smith, ATC, LAT:



Robert Montoya, ATC, LAT:



Alyssa Garza, ATC, LAT:



Chapter 38. Sub Chapter D of the Texas Education Code (TEC)

The state of Texas has passed and implemented through the University Interscholastic League (UIL) a standard rule change (TEC 38.152; FM [legal] 38.152), also known as Natasha's Law, in all sports dealing with concussions in student-athletes. The basic rule reference to all sports states that:

"Any athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional (see appendix A for copy of the law.)"

Introduction

Concussions received by participants in sports activities are an ongoing concern at all levels. Recent interest and research in this area has prompted re-evaluations of treatment and management recommendations from the high school to the professional level. The present document will update the UIL requirements for concussion management for student athletes participating in activities under the jurisdiction of the UIL and will also provide Sharyland ISD's plan and guidelines on compliance with Chapter 38. Sub Chapter D of the Texas Education Code (TEC).

Definition of Concussion

While there are numerous definitions, Natasha's Law defines a concussion as "a complex patho-physiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and involve loss of consciousness."

Supervision

The Sharyland Independent School District (ISD) superintendent or the superintendent's designee (athletic director) shall supervise district athletic trainers and/or coaches responsible for compliance with the return to play protocol.

Responsible Individuals

At every Sharyland ISD UIL athletic event there will be a designated individual who is responsible for identifying and documenting student-athletes with symptoms of concussion injuries. The individual assigned this role will be a licensed athletic trainer (LAT) employed by the district. In the event that an LAT is not available then the coach of the team will assume

this role. Other individuals that could assume this role include a physician (a MD or DO) or an advanced practice nurse, neuropsychologist, or physician assistant all of which must be licensed in the state of Texas as outlined in TEC 38.151.

Sharyland ISD Licensed Athletic Trainers

Sharyland ISD currently employs 4 full time licensed athletic trainers with 2 stationed at the high school and 1 at each junior high school campus. These four individuals will be responsible for evaluating and identifying student athletes with signs and symptoms of concussion injuries. In the event that one of the athletic trainers is not immediately available, the coach of the team will be responsible for identifying possible concussion injuries, and following the removal-from-play guidelines. The coach must notify an athletic trainer as soon as possible. The LAT's will be responsible for documenting the injury.

Training Courses

According to TEC Sec. 38.158 the following persons must take a 2 hour concussion training course from an authorized training provider at least once every two years:

- (1) a Sharyland ISD coach;
- (2) a licensed health care professional who serves as a member of a concussion oversight team (COT);
- (3) a licensed health care professional who serves on a volunteer basis as a member of the Sharyland ISD concussion oversight team (COT).

It should be noted that a physician who serves as a member of a concussion oversight team shall, to the greatest extent practicable, periodically take an appropriate continuing medical education course in the subject matter of concussions.

Concussion Oversight Team (COT)

According to TEC 38.153 "each concussion oversight team shall establish a return-to-play protocol, based on peer-reviewed scientific evidence, for a student 's return to interscholastic athletics practice or competition following the force or impact believed to have caused a concussion." The Sharyland ISD will presently adopt the following individuals as their COT members:

Dr. Kip Owen, MD: Orthopaedic Sports Medicine Center
4865 North McColl, McAllen, TX 78504
956-994-8983

Dr. Noe Oliveira, MD: Wound Care & Hyperbaric Medicine Center
5509 Doctors Drive, Edinburg, TX 78539
956-971-5525

Aaron Moss, ATC, LAT: Sharyland High School – Athletic Trainer
1106 North Sharyland, Mission, TX 78572
956-222-6871

Jason M. Smith, ATC, LAT: Sharyland High School – Athletic Trainer
1106 North Shary Road, Mission, TX 78572
956-222-68712

Robert Montoya, ATC, LAT: Sharyland N. Junior High School - Athletic Trainer
5100 Dove Ave, McAllen, TX 78504
956-205-8702

Alyssa Garza, ATC, LAT: BL Gray Junior High School – Athletic Trainer
4400 S. Glasscock Mission, TX 78572
956-458-2525

Annual Parental Forms

According to Section 38.155 an annual concussion acknowledgement form signed by the student-athlete’s parent or guardian is required each school year before that student may participate in interscholastic athletics. By signing the concussion acknowledgement form the parent or guardian acknowledges that they have received and read written information that explains concussion prevention, symptoms, treatment, and oversight and that includes guidelines for safely resuming participation in an athletic activity following a concussion. The form must be approved by the University Interscholastic League.

Manifestation/Symptoms of Concussions

Symptoms reported by athletes may include: headache; nausea; balance problems or dizziness; double or fuzzy vision; sensitivity to light or noise; feeling sluggish; feeling foggy or groggy; concentration or memory problems; confusion (UIL Concussion Management Protocol Implementation Guide).

Signs observed by parents, friends, teachers or coaches may include: appears dazed or stunned; is confused about what to do; forgets plays; is unsure of game, score or opponent; moves clumsily; answers questions slowly; loses consciousness; shows behavior or personality changes; can’t recall events prior to hit; can’t recall events after hit (UIL Concussion Management Protocol Implementation Guide).

Any one or group of symptoms may appear immediately and be temporary, or delayed and long lasting. The appearance of any one of these symptoms should alert the responsible personnel to the possibility of concussion.

Response to Suspected Concussion

According to TEC section 38.156, a student shall be removed from an interscholastic athletics practice or competition immediately if one of the following persons believes the student might have sustained a concussion during the practice or competition:

- 1) a coach;
- 2) a physician;
- 3) a health care professional licensed in the state of Texas which includes only the following individuals: certified athletic trainer, advance nurse practitioner, physician assistant, physician (M.D or D.O.), or neuropsychologist; or
- 4) the student's parent or guardian or another person with legal authority to make medical decisions for the student.

Action Plan

If a student-athlete demonstrates signs or symptoms consistent with concussion, the Sharyland ISD will use the following action plan:

- 1) The student-athlete will be immediately removed from the game/practice.
- 2) The student-athlete will be evaluated by one of the licensed athletic trainers or other health care professional as previously stated.
- 3) The student-athlete's parent or guardian will be informed about the possible concussion and shall be given information on concussions, return-to-play protocol, take-home instructions, immunity, physician information, and a release of medical information (See appendix B: parent and physician take home packet and appendix C: athletic trainer's packet and UIL return to play parent consent form).
- 4) If it is determined that a concussion has occurred, the student-athlete will not be allowed to return to participation that day regardless of how quickly the signs or symptoms of the concussion resolve and shall be kept from activity until a physician indicates they are symptom free and gives a written clearance to return to activity. A coach of an interscholastic athletics team may not authorize a student's return to play.

Return to Activity/Play following Concussion

A student-athlete suspected or diagnosed with a concussion may not return to practice or competition until all of the following have taken place:

- 1) The student has been evaluated by a treating physician chosen by the student's parent or guardian or another person with legal authority to make medical decisions for the student;
- 2) The student has successfully completed each requirement of the return-to-play protocol established by the Sharyland ISD concussion oversight team (COT);
- 3) The treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play;
- 4) The student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:
 - a) has acknowledged that the student has completed the requirements of the Sharyland ISD return-to-play protocol;
 - b) has provided the treating physician's written medical release to the licensed athletic trainer; and
 - c) has signed a consent form indicating that the person signing:
 - (i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
 - (ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
 - (iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
 - (iv) understands the immunity provisions under TEC Section 38.159.'

Return-to-Play Protocol

According to the Sharyland ISD COT a student-athlete will not be allowed to practice or compete in games until the following return-to-play protocol has been completed.

- The high school student-athlete shall be symptom free for 24 hours prior to initiating the return-to-play protocol (48 hours for junior high school student-athletes).
- Progress continues at 24-hour intervals as long as student-athlete is symptom free at each level.

- If the student-athlete experiences any post-concussion symptoms during the return to activity progression, activity is discontinued and the student-athlete must be re-evaluated by a licensed health care professional.

Phase 1: No physical activity until student-athlete is symptom free for 24 hours (48 hours if in junior high school). A written medical clearance from a physician has been submitted to the athletic trainer.

Phase 2:

Day 1. When the athlete completes Phase 1, begin light aerobic exercise: 5 – 10 minutes on an exercise bike, or light jog; no weight lifting, resistance training, or any other exercise.

Day 2. Moderate aerobic exercise: 15 to 20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.

Day 3. Non-contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises.

Day 4. Full contact practice or training.

Day 5. Full game play.

**taken from recommendations of the National Federation of State High School Associations.

Subsequent Concussion

Junior High School

If a student athlete at the junior high school has a 2nd concussion then that student athlete will be unable to return to any athletic practice or competition or begin a return-to-play protocol until he/she is seen, evaluated and cleared by a neuropsychologist in addition to the medical clearance by the family's or guardian's physician.

High School

A student athlete at the high school who has a 2nd concussion requires further medical evaluation by the physician of the student-athlete's parent or guardian's choice.

According to the Sharyland ISD COT this student athlete will be held out of all aerobic challenges including any return-to-play protocol for a minimum of 30 days.

If a student athlete at the high school has a 3rd concussion then that student athlete will be unable to return to any athletic practice or competition or begin a return-to-play protocol until he/she is seen, evaluated and cleared by a neuropsychologist in addition to the medical clearance by the family's or guardian's physician. It is a strong possibility that this particular student athlete will miss the rest of the athletic season

and perhaps the rest of the school year depending on the neuropsychologist's medical evaluation and the type of athletics the student athlete is participating in.

Potential Need for School/Academic Adjustments & Modification Following Concussion (Return to Learn)

It may be necessary for individuals with concussion to have both cognitive and physical rest in order to achieve maximum recovery in shortest period of time. In addition to the physical management noted above, it is recommended that the following be considered:

- Notify school nurse and all classroom teachers regarding the student athlete's condition. This may be initiated by the parent or the athletic trainer.
- Advise teachers of post-concussion symptoms.
- Student may need (only until asymptomatic) special accommodations regarding academic requirements (such as limited computer work, reading activities, testing, assistance to class, etc.) until concussion symptoms resolve.
- Student may only be able to attend school for half days or may need daily rest periods until symptoms subside. In special circumstances the student may require homebound status for a brief period.

Immunity

According to Texas Education Code, Section 38.159. IMMUNITY. This subchapter does not:

- (1) waive any immunity from liability of a school district or of district school officers or employees;
- (2) create any liability for a cause of action against a school district or against district school officers or employees;
- (3) waive any immunity from liability under Section 74.151, Civil Practice and Remedies Code; or
- (4) create any cause of action or liability for a member of a concussion oversight team arising from the injury or death of a student participating in an interscholastic athletics practice or competition, based on service or participation on the concussion oversight team.

Addendum:

When evaluating an individual who has sustained concussion, always keep in mind that you are evaluating three separate domains of brain function: Physical/Motor, Cognitive, and Behavioral/Emotional. These represent functions of widely different anatomical regions in the brain (although there are cross over/dual function in some areas). Evaluation should focus on each domain separately; never assume that if one domain is symptom free the others will also be without symptoms. Separate evaluation protocols/instruments are employed to assess

each domain. Documentation of the method of assessment is always helpful to have for subsequent examiners.

EVALUATION DOMAINS

Physical/Motor	Cognitive	Behavioral/Emotional
Dazed/Stunned	Amnesia	Irritable
Balance Difficulties	Confused/Disoriented	Emotionally Unstable/Explosive
Weakness	Slowed Verbal Responses	Depressed
Excessive Fatigue	Forgets easily	Sleep disturbances
Slowed Reactions	Difficulty Concentrating	Anxious
Lack of facial expressions	Short Attention Span	Lack of Interest

References: 1. National Federation of State High School Associations, Suggested Guidelines for the Management of Concussion in Sports; January 2011

Appendix: A:

H.B. No. 2038 "Natasha's Law"

AN ACT relating to prevention, treatment, and oversight of concussions affecting public school students participating in interscholastic athletics.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. This Act may be cited as Natasha 's Law in honor of Natasha Helmick for her courage in advocating for the enactment of this Act and in honor of all other student athletes at the middle and high school levels.

SECTION 2. Chapter 38, Education Code, is amended by adding Subchapter D to read as follows: SUBCHAPTER D. PREVENTION, TREATMENT, AND OVERSIGHT OF CONCUSSIONS AFFECTING STUDENT ATHLETES

Sec. 38.151. DEFINITIONS. In this subchapter:

- (1) "Advanced practice nurse" has the meaning assigned by Section 301.152, Occupations Code.
- (2) "Athletic trainer" has the meaning assigned by Section 451.001, Occupations Code.
- (3) "Coach" includes an assistant coach.
- (4) "Concussion" means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may:
 - (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and
 - (B) involve loss of consciousness.
- (5) "Licensed health care professional" means an advanced practice nurse, athletic trainer, neuropsychologist, or physician assistant, as those terms are defined by this section.
- (6) "Neuropsychologist" means a person who:
 - (A) holds a license to engage in the practice of psychology issued under Section 501.252, Occupations Code; and
 - (B) specializes in the practice of neuropsychology.
- (7) "Open-enrollment charter school" includes a school granted a charter under Subchapter E, Chapter 12.
- (8) "Physician" means a person who holds a license to practice medicine in this state.
- (9) "Physician assistant" means a person who holds a license issued under Chapter 204, Occupations Code.

Sec. 38.152. APPLICABILITY. This subchapter applies to an interscholastic athletic activity, including practice and competition, sponsored or sanctioned by:

- (1) a school district, including a home-rule school district, or a public school, including any school for which a charter has been granted under Chapter 12; or
- (2) the University Interscholastic League.

Sec. 38.153. OVERSIGHT OF CONCUSSIONS BY SCHOOL DISTRICTS AND CHARTER SCHOOLS; RETURN-TO-PLAY PROTOCOL DEVELOPMENT BY

CONCUSSION OVERSIGHT TEAM.

(a) The governing body of each school district and open-enrollment charter school with students enrolled who participate in an interscholastic athletic activity shall appoint or approve a concussion oversight team.

(b) Each concussion oversight team shall establish a return-to-play protocol, based on peer-reviewed scientific evidence, for a student's return to interscholastic athletics practice or competition following the force or impact believed to have caused a concussion.

Sec. 38.154. CONCUSSION OVERSIGHT TEAM: MEMBERSHIP.

(a) Each concussion oversight team must include at least one physician and, to the greatest extent practicable, considering factors including the population of the metropolitan statistical area in which the school district or open-enrollment charter school is located, district or charter school student enrollment, and the availability of and access to licensed health care professionals in the district or charter school area, must also include one or more of the following:

- (1) an athletic trainer;
- (2) an advanced practice nurse;
- (3) a neuropsychologist; or
- (4) a physician assistant.

(b) If a school district or open-enrollment charter school employs an athletic trainer, the athletic trainer must be a member of the district or charter school concussion oversight team.

(c) Each member of the concussion oversight team must have had training in the evaluation, treatment, and oversight of concussions at the time of appointment or approval as a member of the team.

Sec. 38.155. REQUIRED ANNUAL FORM ACKNOWLEDGING CONCUSSION INFORMATION. A student may not participate in an interscholastic athletic activity for a school year until both the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student have signed a form for that school year that acknowledges receiving and reading written information that explains concussion prevention, symptoms, treatment, and oversight and that includes guidelines for safely resuming participation in an athletic activity following a concussion. The form must be approved by the University Interscholastic League.

Sec. 38.156. REMOVAL FROM PLAY IN PRACTICE OR COMPETITION FOLLOWING CONCUSSION. A student shall be removed from an interscholastic athletics practice or competition immediately if one of the following persons believes the student might have sustained a concussion during the practice or competition:

- (1) a coach;
- (2) a physician;

- (3) a licensed health care professional; or
- (4) the student's parent or guardian or another person with legal authority to make medical decisions for the student.

Sec. 38.157. RETURN TO PLAY IN PRACTICE OR COMPETITION.

(a) A student removed from an interscholastic athletics practice or competition under Section 38.156 may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:

- (1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
- (2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
- (3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and
- (4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:
 - (A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
 - (B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c);
 - (C) have signed a consent form indicating that the person signing:
 - (i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
 - (ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
 - (iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
 - (iv) understands the immunity provisions under Section 38.159.
 - (b) A coach of an interscholastic athletics team may not authorize a student's return to play.
 - (c) The school district superintendent or the superintendent's designee or, in the case of a home-rule school district or open-enrollment charter school, the person who serves the function of superintendent or that person's designee shall supervise an athletic trainer or other person

responsible for compliance with the return-to-play protocol. The person who has supervisory responsibilities under this subsection may not be a coach of an interscholastic athletics team.

Sec. 38.158. TRAINING COURSES.

- (a) The University Interscholastic League shall approve for coaches of interscholastic athletic activities training courses that provide for not less than two hours of training in the subject matter of concussions, including evaluation, prevention, symptoms, risks, and long-term effects. The league shall maintain an updated list of individuals and organizations authorized by the league to provide the training.
- (b) The Department of State Health Services Advisory Board of Athletic Trainers shall approve for athletic trainers training courses in the subject matter of concussions and shall maintain an updated list of individuals and organizations authorized by the board to provide the training.
- (c) The following persons must take a training course in accordance with Subsection (e) from an authorized training provider at least once every two years:
- (1) a coach of an interscholastic athletic activity;
 - (2) a licensed health care professional who serves as a member of a concussion oversight team and is an employee, representative, or agent of a school district or open-enrollment charter school; and
 - (3) a licensed health care professional who serves on a volunteer basis as a member of a concussion oversight team for a school district or open-enrollment charter school.
- (d) A physician who serves as a member of a concussion oversight team shall, to the greatest extent practicable, periodically take an appropriate continuing medical education course in the subject matter of concussions.
- (e) For purposes of Subsection (c):
- (1) a coach must take a course described by Subsection (a);
 - (2) an athletic trainer must take:
 - (A) a course described by Subsection (b); or
 - (B) a course concerning the subject matter of concussions that has been approved for continuing education credit by the appropriate licensing authority for the profession; and
 - (3) a licensed health care professional, other than an athletic trainer, must take:
 - (A) a course described by Subsection (a) or (b); or
 - (B) a course concerning the subject matter of concussions that has been approved for continuing education credit by the appropriate licensing authority for the profession.
- (f) Each person described by Subsection (c) must submit proof of timely completion of an approved course in compliance with Subsection (e) to the school district superintendent or the

superintendent's designee or, in the case of a home-rule school district or open-enrollment charter school, a person who serves the function of a superintendent or that person's designee.

(g) A licensed health care professional who is not in compliance with the training requirements under this section may not serve on a concussion oversight team in any capacity.

Sec. 38.159. IMMUNITY. This subchapter does not:

(1) waive any immunity from liability of a school district or open-enrollment charter school or of district or charter school officers or employees;

(2) create any liability for a cause of action against a school district or open-enrollment charter school or against district or charter school officers or employees;

(3) waive any immunity from liability under Section 74.151, Civil Practice and Remedies Code; or

(4) create any cause of action or liability for a member of a concussion oversight team arising from the injury or death of a student participating in an interscholastic athletics practice or competition, based on service or participation on the concussion oversight team.

Sec. 38.160. RULES. The commissioner may adopt rules as necessary to administer this subchapter.

SECTION 3. Subchapter D, Chapter 38, Education Code, as added by this Act, applies beginning with the 2011-2012 school year.

SECTION 4. Notwithstanding Section 38.158(f), Education Code, as added by this Act, a person required under Section 38.158(c), Education Code, as added by this Act, to take a training course in the subject of concussions must initially complete the training course not later than September 1, 2012.

SECTION 5. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2011.

President of the Senate Speaker of the House

I certify that H.B. No. 2038 was passed by the House on May 5, 2011, by the following vote: Yeas 127, Nays 7, 2 present, not voting.

Chief Clerk of the House

I certify that H.B. No. 2038 was passed by the Senate on May 24, 2011, by the following vote: Yeas 31, Nays 0.

Secretary of the Senate

APPROVED: _____ Date _____ Governor H.B. No. 2038

Sharyland ISD Guidelines for Sports Concussion Parental and Physician Information

WHAT IS A CONCUSSION?

The Center for Disease Control (CDC) defines a concussion as a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

Signs and symptoms include but are not limited to: loss of consciousness, headache, amnesia, nausea, vomiting, dizziness, confusion, blurred vision, ringing in the ears, loss of balance, moodiness, poor concentration or mentally slow, lethargy, hyper-sensitivity to light/noise, and a change in sleeping patterns. These symptoms may be temporary or long lasting.

WHAT SHOULD I DO IF A CONCUSSION IS SUSPECTED?

If a concussion is suspected, then the student athlete should be immediately removed from the field or game. The student should then be evaluated by a licensed athletic trainer as well a licensed physician. The student will not be allowed to return to play until they have been evaluated by a physician, met and passed the return to play protocol without reoccurrence of any concussion symptoms, and signed a parental permission document.

WHAT IF MY CHILD KEEPS PLAYING WITH A CONCUSSION?

Continuing to participate in any athletic practice or game after receiving a concussion leaves the athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after a concussion occurs. This can be particularly dangerous if the 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 possible fatal consequences.

CONCUSSION MANAGEMENT

The cornerstone of concussion management is physical and cognitive rest until symptoms resolve followed by a graded program of exertion prior to medical clearance and return to play. During this period of recovery, it is important to emphasize to the athlete that physical AND cognitive rest is required. Activities that require concentration and attention (e.g., scholastic work, video games, text messaging, listening to portable music players via head phones, etc.) may aggravate symptoms and possibly delay recovery.

RESPONSE TO SUSPECTED CONCUSSION

In the event that a Sharyland ISD student-athlete demonstrates any signs or symptoms consistent with a concussion, then the following Action Plan will be implemented:

- 1) The student-athlete will be immediately removed from the game/practice.
- 2) The student-athlete will be evaluated by a licensed athletic trainer or physician, advanced practice nurse, neuropsychologist, or physician assistant licensed in Texas.
- 3) The student-athlete's parent or guardian will be informed about the possible concussion and give them information on concussions including return-to-play protocol, take-home instructions, immunity, physician information, and a release of medical information.
- 4) If it is determined that a concussion has occurred, the student-athlete shall not be allowed to return to participation that day regardless of how quickly the signs or symptoms of the concussion resolve and shall be kept from activity until a physician indicates they are symptom free and gives a written clearance to return to activity. A coach of an interscholastic athletics team may not authorize a student's return to play.

PROGRESSIVE RETURN TO PLAY GUIDELINES

Return to play protocol following a concussion follows a progressive process as outlined below. With the progression, the athlete should continue to proceed to the next level if asymptomatic (no return of symptoms) at the current level. Each step should take 24 hours to complete so that an athlete would take approximately one week to proceed through the full concussion protocol. If any post concussion symptoms reoccur during the following protocol, then the activity will be discontinued and the athlete must be reevaluated by a licensed health care professional.

Phase 1: No exertional physical activity until student-athlete is symptom free for 24 hours (48 hours for junior high) and receives written clearance from a physician and submission of the required documentation following the concussion injury.

Phase 2:

Day 1. After completion of Phase 1, begin light aerobic exercise: 5 – 10 minutes on an exercise bike, or light jog; no weight lifting, resistance training, or any other exercise.

Day 2. Moderate aerobic exercise: 15 to 20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.

Day 3. Non-contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises.

Day 4. Full contact practice or training.

Day 5. Full game play.

**taken from recommendations of the National Federation of State High School Associations.

Home Instructions for Concussions

Review the signs/symptoms list of concussion. Should any of these symptoms worsen under your watch/care, then immediately transport to the Emergency Room.

Signs/Symptoms of a Concussion include, but are not limited to:

Headache, dizziness, nausea, vomiting, loss of consciousness, amnesia, confusion, blurred vision, ringing in the ears, loss of balance, moodiness, poor concentration or mentally slow, hyper-sensitivity to light/noise, change in sleeping pattern, deteriorating neurological function, decreasing level of consciousness, un-equal or dilated or unresponsive pupils, seizure. These symptoms may be temporary or long lasting.

Below are general guidelines when caring for someone that has had a concussion:

DO:

- Take acetaminophen (Tylenol – NOT advil, motrin, aspirin).
- Use ice packs on the head or neck as needed for comfort.
- Eat light foods and meals.
Go to sleep (rest is extremely important).
- No strenuous activity/sports.
- Return to school.

DO NOT DO:

- Watch TV
- Listen to ipod
- Talk on the phone OR Text
- Eat spicy foods
- Read
- Use a computer
- Use bright lights
- Listen to loud noise
- Drink alcohol

The following is UNNECESSARY:

- Wake up every hour
- Test reflexes

Have student report to clinic or athletic training room before practice tomorrow for a follow up exam.

Taken from the National Athletic Trainers' Association Position Statement: Management of Sport-Related Concussion; A Journal of Athletic Training 2004;39(3):280-297; Appendix C

Athletic Trainers

Jason Smith – 222-6872

Aaron Moss 222-6871

Alyssa Garza – 458-2525

Robert Montoya – 205-8702

Sharyland ISD Return to Play Guidelines

Information for Treating Physicians

Sharyland ISD is adopting the following management plan and return-to-play protocol regarding concussions. The following is an outline which includes daily progressive activities. After a concussion, an athlete must successfully complete the following in order to return to sport activity:

- 1) All athletes who are suspected of having a concussion are required to be evaluated by their primary care physician. They must have a normal physical and neurological exam prior to beginning the return-to-play protocol.
- 2) The student will be monitored at school by the athletic trainer. Accommodations to physical and academic work may need to be given according to physician recommendations and observations.
- 3) The student must be asymptomatic at rest and exertion.
- 4) Once cleared to begin activity, the student will begin a progressive step-by-step procedure based on the Sharyland ISD Concussion Oversight Team (COT). The progressions will advance at the rate of the one step per 24 hours which are:
 - **Phase 1:** No activity. Complete cognitive and physical rest. Student shall be symptom free for 24 hours (48 hours for junior high school) and give written clearance from a physician BEFORE initiating the following return-to-play protocol.
 - **Phase 2:** Graded Daily Physical Activity. Each step takes 24 hrs. If the student athlete is asymptomatic then the protocol will take 5 days to complete. If there is a return of any symptoms during any step, then the athlete must be re-evaluated by a health care professional.
 - Day 1: Light aerobic exercise (walking, exercise bike, no resistance training).
 - Day 2: Moderate exercise (jogging, stair stepper; no resistance training).
 - Day 3: Non Contact Drills (drills with NO contact; sprints; resistance training).
 - Day 4: Full Contact Practice.
 - Day 5: Return to play. (see taken from recommendations of the NFHS).
- 5) Once the student has completed days 1 through 5, and turned in a parental release form provided by the school, he/she may return to their sport activity with no restrictions.

Sharyland ISD Authorization
For the Release of Medical Information

The Family Education Right to Privacy Act of 1974 (FERPA) is a federal law that governs the release of a student's educational records, including personal identifiable information (name, address, social security number, etc.) from those records. Medical information is considered a part of a student athlete's educational record.

This authorization permits the athletic trainers, team physicians, and athletic staff (including coaches) of the Sharyland ISD to disclose information concerning my medical status, medical condition, injuries, prognosis, diagnosis, and related personal identifiable health information to the authorized parties listed below. This information included injuries health information to the authorized parties listed below. This information included injuries or illnesses relevant to past, present, or future participation in athletics.

The purpose of a disclosure is to inform the authorized parties of the nature, diagnosis, prognosis or the treatment concerning my medical condition and any injuries or illnesses. I understand once the information is disclosed it is subject to re-disclosure and is no longer protected.

I understand that the Sharyland ISD will not receive compensation for its disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment. I may inspect or copy any information disclosed under this authorization.

I understand that I may revoke this authorization any time by providing written notification to the athletic trainer at the respective school. I understand revocation will not have any effect on actions Sharyland ISD has taken in reliance on the authorization prior to receiving the revocation. This authorization expires six years from the date it is signed.

Student ID#: _____

Printed Name of Student: _____

Student Signature: _____

Printed Name of Parent: _____

Parent Signature: _____

Appendix C:

Athletic Trainer Packet Home Instructions for Concussions

Athlete Name/DOB: _____

Review the signs/symptoms list of concussion. Should any of these symptoms worsen under your watch/care, then immediately transport to the Emergency Room.

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The following is UN-necessary:

- Wake up every hour
- Test reflexes

Have student report to clinic or athletic training room before practice tomorrow for a follow up exam.

**Taken from the National Athletic Trainers' Association Position Statement: Management of Sport-Related Concussion; A Journal of Athletic Training 2004;39(3):280-297; Appendix C*

Take Home Instructions

Instructions provided to: _____

Signature: _____

Instructions provided by: _____

Signature: _____

Date: _____ Time: _____

Contact Number: _____

Sharyland ISD Authorization
For the Release of Medical Information

The Family Education Right to Privacy Act of 1974 (FERPA) is a federal law that governs the release of a student's educational records, including personal identifiable information (name, address, social security number, etc.) from those records. Medical information is considered a part of a student athlete's educational record.

This authorization permit the athletic trainers, team physicians, and athletic staff (including coaches) of the Sharyland ISD to disclose information concerning my medical status, medical condition, injuries, prognosis, diagnosis, and related personal identifiable health information to the authorized parties listed below. This information included injuries health information to the authorized parties listed below. This information included injuries or illnesses relevant to past, present, or future participation in athletics.

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I understand that I may revoke this authorization any time by providing written notification to the athletic trainer at the respective school. I understand revocation will not have any effect on actions Sharyland ISD has taken in reliance on the authorization prior to receiving the revocation. This authorization expires six years from the date it is signed.

Student ID#: _____

Printed Name of Student: _____

Student Signature: _____

Printed Name of Parent: _____

Parent Signature: _____

Liability Provisions

The student and the parent or guardian or another person with legal authority to make medical decisions for the student understands this policy DOES NOT:

- 1) Waive any immunity from liability of a school district officers or employees;
- 2) Create any liability for a cause of action against a school district officer or employees;
- 3) Waive any immunity from liability under Section 74.151, Civil Practice and Remedies Code;
- 4) Create any liability for a member of a concussion oversight team arising from the injury or death of a student participating in an interscholastic athletics practice of competition, based only on service on the concussion oversight team.

Parental Consent

By signing this form, I understand the risks and dangers related with returning to play too soon after a concussion. Furthermore, in the event that my son/daughter is diagnosed with a concussion, I give my consent for my son/daughter to participate in compliance with the Sharyland ISD return to play protocol. The undersigned, being a parent, guardian or another person with legal authority, grants this permission.

Athlete's Name (Please PRINT): _____

Parent/Guardian Name (Please PRINT): _____

Parent/Guardian Signature: _____

Date: _____



Sharyland ISD Return-to-Play Form

This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with the Return to Play protocol established by the school district Concussion Oversight Team, as determined by the superintendent or their designee (see Section 38.157 (c) of the Texas Education Code).

Student Name (Please Print)

School Name (Please Print)

Designated school district official verifies: *Please Check*

- The student has been evaluated by a treating physician selected by the student, their parent or other person with legal authority to make medical decisions for the student.
- The student has completed the Return-to-Play protocol established by the school district Concussion Oversight Team.
- The school has received a written statement from the treating physician indicating, that in the Physician's professional judgment, it is safe for the student to return to play.

School Individual Signature

Date

School Individual Name (Please Print)

Parent, or other person with legal authority to make medical decisions for the student signs and certifies that he/she:
Please Check

- Has been informed concerning and consents to the student participating in returning to play in accordance with the return to play protocol established by the Concussion Oversight Team.
- Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol.
- Consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return to play recommendations of the treating physician.
- Understands the immunity provisions under Section 38.159 of the Texas Education Code.

Parent/Responsible Decision-Maker Signature

Date

Parent/Responsible Decision-Maker Name (Please Print)