

# **HOLLEY CENTRAL SCHOOL**

## **Athletic Department Policy for Management of Sport-Related Concussion**

Holley Central School seeks safe return to play for all athletes who are suspected of, or who have been diagnosed with a concussion is evolving. In recent years, there has been a significant amount of research into sports-related concussion, particularly in high school athletes. Holley Central School has established a protocol to provide education about concussion for athletic department staff and other school personnel, as well as for athletes and parents. The protocol outlines procedures for staff to follow in recognition and management of head injuries, including a return to play process once a concussion has been diagnosed by a healthcare provider.

In order to effectively and consistently manage head injuries, procedures have been developed at Holley Central School to aid in insuring that concussed athletes are identified, treated and referred appropriately, receive appropriate follow-up medical care during the school day, including academic assistance, and are fully recovered prior to returning to activities. A detailed procedure is outlined, including the **Six Step Return-to-Play** protocol for athletes who have been diagnosed with a concussion by their physician or healthcare provider.

This protocol will follow guidelines established by the New York State Public High School Athletic Association (NYSPHSAA), the New York State Athletic Administrators Association, the National Federation of State High School Associations, National Athletic Trainers' Association, the CDC, and the International Conference on Concussion in Sport, Prague 2004 and Zurich, 2009.

This protocol will be reviewed on a yearly basis. Holley Central School's Concussion Management Team which will consist of, but not be limited to the Athletic Director, School Physician, School Nurse, and representatives from the administration, faculty and coaching staff. Any changes or modifications will be reviewed with the athletic department staff and appropriate school personnel verbally and in writing.

## **HOLLEY CENTRAL SCHOOL RETURN TO PLAY POLICY FOLLOWING A CONCUSSION**

The following protocol will follow guidelines established by the New York State Public High School Athletic Association (NYSPHSAA), the New York State Athletic Administrators Association (NYSAAA), the National Federation of State High School Associations and the International Conference on Concussion in Sport, Prague 2004.

An athlete who has been diagnosed with a concussion must be medically cleared, in writing, to return to play. When the concussed athlete is cleared to return, they must follow the Six Step Return-to-Play process outlined below:

1.	No exertional activity until asymptomatic and cleared to return by physician.
2.	Light aerobic exercise such as walking or stationary bike, etc. No resistance training.
3.	Sport specific exercise such as skating, running, etc. Progressive addition of resistance training may begin.
4.	Non-contact training/skill drills.
5.	Full contact training in practice setting.
6.	Return to competition/play.

The cornerstone of proper concussion management is rest until all symptoms resolve and then a graded program of exertion before return to sport. The program is broken down into six steps in which only one step is covered a day.

If any concussion symptoms recur, the athlete should drop back to the previous level and try to progress after 24 hours of rest.

The student-athlete should also be monitored for recurrence of symptoms due to mental exertion, such as reading, working on a computer, or taking a test.

**The ultimate decision for return to play for a concussed athlete, if deemed necessary, will be made by Holley Central School's physician.**

## **CONCUSSION MANAGEMENT IN STUDENT ATHLETES**

- ❖ **Participants will understand the definition of concussion, especially in the context of sports-related concussion.**
- ❖ **Participants will understand the importance of sideline management of student athletes when a head injury has occurred.**
- ❖ **Participants will understand the term SIS (Second Impact Syndrome) and its significance in the concussed student athlete.**
- ❖ **Participants will understand the term PCS (Post-Concussion Syndrome) and its significance in the concussed student athlete.**
- ❖ **Participants will understand the significance of long-term sequelae in the concussed student athlete.**
- ❖ **Participants will understand the role of ImPACT testing as a tool in the evaluation and management of the concussed student athlete.**
- ❖ **Participants will be given guidance to enroll in ImPACT program.**
- ❖ **Participants will be shown ImPACT testing “live”.**
- ❖ **Participants will be given knowledge to initiate a Concussion Management Program in their school.**
- ❖ **Participants will understand the importance of recognition and reporting if a concussed student athlete is struggling in the classroom.**
- ❖ **Participants will recognize the importance of providing academic accommodations if deemed necessary in the concussed student athlete.**

# **HOLLEY CENTRAL SCHOOL ATHLETIC DEPARTMENT**

## **CONCUSSION MANAGEMENT PROTOCOL**

### **I. Pre-Season Protocol for Student Athletes:**

All coaches will become familiar with the New York State Public High School Athletic Association (NYSPHSAA) and Section V guidelines for understanding and recognition of the signs and symptoms of a head injury and/or concussion. Coaches must sign a **STATEMENT OF ASSURANCE** that they have reviewed the above information, understand it, and their questions have been answered to their satisfaction.

All athletes will receive a printed copy of the CDC “**Heads UP**” fact sheet for athletes. In addition, all athletes will be encouraged to visit the New York State Public High School Athletic Association (NYSPHSAA) website, [www.keepyourheadinthegame.org](http://www.keepyourheadinthegame.org)

All parents of athletes will be encouraged to view the CDC “**Heads UP**” website as well as the NYSPHSAA website, [www.keepyourheadinthegame.org](http://www.keepyourheadinthegame.org). Parents will be given a copy of the CDC “**Heads Up**” fact sheet for parent, as an attachment to Holley Central School’s **ATHLETIC INFORMATION FORM**.

Holley Central School’s Return-to-Play policy for concussion in athletes will be attached to the **ATHLETIC INFORMATION FORM**. Parents will sign that they have reviewed it and understand the policy prior to the beginning of each new athletic season.

All players in contact or collision sports at the JV and Varsity Levels shall take a computerized pre-test of cognitive skills. Holley Central School currently utilizes the **ImPACT** computerized cognitive test to establish a baseline. That testing will be available only by accessing the **ImPACT** website by authorized school personnel. **ImPACT** testing will be repeated every two years, according to accepted practice, unless an athlete is suspected of or diagnosed with a concussion.

### **II. Sideline management of Head Injury/Suspected Concussion:**

- A. When a player shows any signs/symptoms of a concussion (utilizing sideline cards), the first priority is to remove the athlete from the current practice or game.
- B. The player suspected of having a concussion will not be allowed to return to the current practice or game, even if symptoms appear to have resolved or the player denies injury or symptoms.
- C. The **athlete will not be left alone** at any time.

- D. The athlete will be evaluated at intervals by the coach(es), athletic trainer, school physician, or school nurse if present.
- E. If there are any signs of deterioration in the athlete's physical or mental condition, 911 must be called immediately, and parents notified.**
- F. Parents must be notified when athlete is suspected of having a concussion.
- G. The athlete suspected of having symptoms of a concussion, but is stable, must be evaluated by the Emergency Department or their healthcare provider as soon as possible. Parents must be advised to seek immediate medical care if a concussion is suspected.
- H. **An athlete with a witnessed loss of consciousness (LOC) of any duration should not be moved, and 911 called immediately.**  
Emergency medical personnel will immobilize and spine board the athlete, and transport them immediately to the nearest Emergency Department by emergency vehicle only.
- I. ALWAYS GIVE PARENTS THE OPTION OF EMERGENCY TRANSPORT EVEN IF IT IS NOT FELT TO BE NECESSARY.**
- J. Any athlete diagnosed with a concussion will be given the ImPACT test, preferable within 48-72 hours following the injury (ImPACT recommendations).
- K. The ImPACT test will be administered, additionally, at intervals at the discretion of the coach, athletic trainer, school nurse, or school physician.
- L. A school injury/incident report must be completed within 24 hours following an injury and submitted to the school nurse, or school physician.

### III. **Return to Play Protocol:**

- A. The concussed athlete will not be allowed to return to play until medically cleared by their physician. **This must be in writing.**
- B. Medical clearance allows the concussed athlete to begin the Six Step Return-to-Play Process **only**. The Six Step Return-to-Play Process is a policy at Holley Central School, is attached.
- C. Supervision of the concussed athlete's Return-to-Play program will be provided by the school nurse, coach(es), athletic trainer, athletic director and the athlete's physician. The athlete will see the school nurse daily, until at full play. The Return-to-Play checklist will be utilized by the person(s) supervising the athlete's progress. This checklist will become part of the athlete's progress. This checklist will become part of the athlete's permanent health record.
- D. Progression of the concussed athlete's Return-To-Play process will be **individualized**, and will be determined on a case by case basis. Factors that may affect the rate of progression include, but are not limited to:
  - Previous history of concussion
  - Duration and type of symptoms
  - Sport the athlete will return to
  - Results of periodic ImPACT testing
- E. Academic accommodations will be made for the concussed athlete, if necessary, to ensure that the concussed athlete will have a safe and successful return to school. Accommodations may include, but are not limited to:
  - Rest breaks, if needed, during the school day in a quiet location.
  - Reduced course and work load, if necessary.
  - Avoid over-stimulation, (such as cafeteria or noisy hallways).
  - Avoid re-injury, especially in PE class and crowded hallways/stairs.
  - Extra time and quiet location for testing, if needed.
  - Provide student with class notes or allow student to audiotape classes.
  - Allow student to wear sunglasses to help with light sensitivity, if needed.
  - **The school counselor and nurse will communicate on a regular basis with all staff involved in the athlete's academic program, as needed.**

**HOLLEY CENTRAL SCHOOL  
ATHLETIC DEPARTMENT**

**COACHES STATEMENT OF ASSURANCE**

**Please complete and return to Julie Kirby or Gail Ebbs at your earliest convenience. Thank you.**

I have reviewed and understand the Concussion Protocol Management and the Six-Step Return to Play policies of the Holley Central School District.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**HOLLEY CENTRAL SCHOOL  
ATHLETIC DEPARTMENT**

**PARENT(S)/GUARDIAN STATEMENT OF ASSURANCE**

**This must be completed and returned ASAP to your child's coach. Thank you.**

I have reviewed and understand the Concussion Protocol Management and the Six-Step Return to Play policies of the Holley Central School District.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# HOLLEY CENTRAL SCHOOL ATHLETICS

## SIX STEP RETURN-TO-PLAY PROGRESS SHEET

**Student Athlete Name** \_\_\_\_\_ **Date of Concussion** \_\_\_\_\_

The student athlete must be free of symptoms in order to progress from one step to the next, as per protocol. A minimum of 24 hours must elapse between steps. If symptoms occur/recur, must drop back to previous step after 24 hours. No step may be skipped.

**1) NO EXERTIONAL ACTIVITY UNTIL ASYMPTOMATIC AND MEDICALLY CLEARED:**

DATE/INITIALS	
COMMENTS:	

**2) LIGHT AEROBIC EXERCISE  
(WALKING, STATIONARY BIKE, ETC. NO RESISTANCE TRAINING):**

DATE/INITIALS	
COMMENTS:	

**3) SPORT SPECIFIC EXERCISE (SKATING, RUNNING, ETC);  
PROGRESSIVE ADDITION OF RESISTANCE TRAINING MAY BE ADDED:**

DATE/INITIALS	
COMMENTS:	

**4) NON-CONTACT TRAINING/SKILLS DRILLS**

DATE/INITIALS	
COMMENTS:	

**5) FULL CONTACT TRAINING IN PRACTICE SETTING FOLLOWING MEDICAL CLEARANCE:**

DATE/INITIALS	
COMMENTS:	

**6) RETURN TO FULL COMPETITION/PLAY**

DATE/INITIALS	
COMMENTS:	

**HOLLEY CENTRAL SCHOOLS**

**STUDENT  
INITIAL CONCUSSION CHECKLIST  
BY COACH/NURSE**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Student Parent(s)/Guardian Name: \_\_\_\_\_  
Student Parent(s)/Guardian Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Student's Daytime Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Sport/Activity: \_\_\_\_\_ Date of Injury: \_\_\_\_\_  
Time of Injury: \_\_\_\_\_  
Location of sporting event/activity where injury occurred: \_\_\_\_\_

Description and nature of injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SYMPTOMS OBSERVED OR REPORTED AT TIME OF INJURY**

**Please circle Yes or No for each symptom listed below:**

Dizziness	Yes	No	Nausea/Vomiting	Yes	No
Ringing in Ears	Yes	No	Fatigue/Low Energy	Yes	No
Drowsy/Sleepy	Yes	No	Feeling "Dazed"	Yes	No
"Don't Feel Right"	Yes	No	Poor Balance/Coord.	Yes	No
Seizure	Yes	No	Loss of Orientation	Yes	No
Memory Problems	Yes	No	Sensitivity to Light	Yes	No
Blurred Vision	Yes	No	Sensitivity to Noise	Yes	No
Vacant Stare/ Glassy Eyed	Yes	No	Sensitivity to Sound	Yes	No
Irritability	Yes	No	Retro Grade Amnesia	Yes	No
Headache	Yes	No	Change in Personality	Yes	No

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(MORE ON BACK OF FORM)

Has student sustained a prior concussion? **Yes** **No** **Unclear**  
(If yes, please indicate date, severity and treatment received)

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Was there any loss of consciousness? **Yes** **No** **Unclear**  
(If yes, how long? \_\_\_\_\_)

Does student remember the injury? **Yes** **No** **Unclear**

Does student have an altered state of consciousness after the injury?  
**Yes** **No** **Unclear**

Are or were the student's parent/guardians at the sporting event at the time of injury?  
**Yes** **No** **Unclear**

(If yes, did they assume medical responsibility for their child?) **Yes** **No** **Unclear**

(If no, were the parents/guardians notified? By Whom? **Yes** **No**

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Additional findings/comments: \_\_\_\_\_

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Final Action Taken: \_\_\_\_\_

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\*\*\* (Please note the Student is to have this initial evaluation in their possession if they are transported to the ER for further evaluation and when they report to their primary MD for each office visit. Parents/Guardians should assume custody of medical form throughout the entire process and return completed form with signature to the Nurse)\*\*\*

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