

LAKEVIEW SCHOOL DISTRICT

CONCUSSION AWARENESS & MANAGEMENT PROTOCOL

Lakeview School District acknowledges the possibility and severity of concussions and head injuries sustained by students who participate in school-sponsored physical activities and strive to properly recognize and manage signs or symptoms of such injuries.

All information is in accordance with the PA Senate Bill 200-Safety in Youth Sports Act and is based on PIAA and NFHS guidelines, ImPACT test recommendations, and Brain Injury Association of Pennsylvania, Inc recommendations.

To better recognize concussions and head injuries, the following procedures are to be followed by Lakeview School District staff:

1. Designated District staff, including paid and volunteer coaches, must complete one approved concussion training each school year (valid July 1-June 30) and submit a completion letter or certification to the District Administration Office. Approved trainings are offered through the Centers for Disease Control and Prevention, the National Federation of State High School Associations, and the Pennsylvania Departments of Health or Education. Coaches, paid or volunteer, are not permitted to coach an athletic activity until an approved training course is completed and completion documentation is on file in the District Office.
2. Students exhibiting any signs or symptoms of a concussion or head injury during school-sponsored classes, extracurricular activity, or interscholastic athletic activity shall be immediately removed from activity and evaluated by a licensed health care professional trained in the treatment and management of concussion prior to returning to physical activity.

Signs of Concussion:

(Can be observed by District Staff, including Coaches or Athletic Trainer, School Nurse, Game Officials, Licensed Physician, Licensed Physical Therapist)

1. Appears to be dazed, stunned, or disoriented
2. Is confused, forgets play, or demonstrates short term memory difficulty
3. Slurs words
4. Moves clumsily-exhibiting difficulty with balance or coordination
5. Answers questions slowly
6. Shows behavior or personality change
7. Changes in level of consciousness (even temporarily)

Symptoms of Concussion:

1. Headache
2. Nausea
3. Balance difficulty or dizziness
4. Double or changes in vision
5. Light or noise sensitivity
6. Feeling sluggish or foggy
7. Sleep disturbance
8. Concentration or memory problems

The following Concussion Management procedures are to be followed by Lakeview School District staff after a student who displays signs or symptoms of a concussion is removed from an activity:

1. The student must seek emergency medical treatment if the following occur: vomiting and/or seizure, consciousness level alters for any period of time, or direct neck pain is associated with the injury.

2. A designated District staff member must contact the student's parents/guardians and provide information of the incident and suspected concussion or head injury. The staff member will also provide the parents/guardians with information on signs/symptoms of a head injury and continuing care of a person with a concussion or head injury.
3. All appropriate District staff shall be notified of the event, including but not limited to the School Nurse, School Psychologist, School Counselor, Special Education Coordinator, student's teachers, Athletic Director, and Athletic Trainer.
4. The student must be evaluated by an appropriate medical professional who is trained in treatment and management of concussions.
5. After diagnosis by a trained medical professional, the student must provide written documentation to the District's Athletic Trainer and School Nurse. *Documentation must include any specific academic accommodations. Complete physical, cognitive, emotional, and social rest is advised while a student experiences symptoms and signs of a concussion. It is recommended that student's mental exertion, overstimulation, cell phone or computer usage, testing, video gaming, and multi-tasking be kept to a minimum.
6. A follow-up IMPACT test will be administered by the Athletic Trainer or School Nurse within 24-48 hours post injury. Subsequent follow-up tests will be done weekly until baseline scores are achieved and reviewed by a trained medical professional.
7. When student is asymptomatic at rest and a written clearance is received from a concussion trained medical professional, the injured student may begin a graduated return-to-physical activity protocol supervised by the District Athletic Trainer, Licensed Physical Therapist, or licensed health care provider trained in the evaluation and management of concussions.

Supervised Return- to-Physical Activity Progression:

- Day 1 Student shall complete a full day of normal cognitive activity (school day, studying for tests, watching practice, socializing with peers) without recurrence of any signs or symptoms.
- Day 2 If symptoms did not return on Day 1, student shall perform light aerobic exercise, which includes walking, swimming or stationary cycling (no resistance training) for 10-15 minutes. The objective of day 2 is to increase heart rate without symptoms recurring.
- Day 3 If symptoms did not return on Day 2, student shall participate in specific physical activity such as skating or running (no head impact activities). The objective of day 3 is to add movement while increasing heart rate.
- Day 4 If symptoms did not return on Day 3, student may perform non-contact training drills and may initiate progressive resistance training.
- Day 5 If symptoms did not return on Day 4, student may participate in normal training activities. The objective of this step is to restore student's confidence and for the supervisor to assess functional skills. If no symptoms are present, the student may return to normal exertion and physical activity without limitation. Students in athletic activities must complete one full day of practice prior to participating in a game.

If concussion symptoms recur during the progression steps, the student will wait 24 hours and return to the previous level of activity that caused no symptoms. The licensed medical professional shall be contacted regarding the student's symptom relapse.

*Temporary learning support accommodations may be recommended by the licensed medical professional trained in concussion management. Rest is essential in healing concussions or head injuries. Memory, attention span, concentration, and speed of processing significantly impact learning. A concussed student may exacerbate

symptoms and delay recovery if exposed to a stimulating school environment. Accordingly, the following steps shall be taken as recommended by a physician during concussion recovery:

1. Student shall take rest breaks as needed.
2. A shortened school day may be necessary for the student.
3. More time to take tests or complete assignments may need to be considered.
4. Student may need additional help with schoolwork.
5. Student shall spend less time on the computer, reading, and writing.
6. Avoid crowded hallways, by dismissing from each class early.
7. No standardized testing shall be administered to the student during the initial recovery window of 2-4 weeks.

Return-to-physical activity will resume for a concussed student upon completion of the following steps:

1. Written clearance by a licensed medical professional trained in evaluation and treatment of concussions is received by the District School Nurse and Athletic Trainer.
2. The injured student is symptom free for 24 hours without medication.
3. ImPACT scores are equivalent to baseline.
4. The progression steps for return-to-physical activity are complete.

A written physician clearance alone will not suffice a student to participate in physical activity.

Any coach who violates the removal of an athlete exhibiting signs or symptoms of a concussion or head injury or returns an athlete to play who has not completed the required steps following a diagnosed concussion will be suspended from coaching any athletic activity for the remainder of the season for the first violation. A second violation from the same coach will result in suspension from coaching any athletic activity for the remainder of the season and the next season. For a third violation, the coach will receive permanent suspension from coaching any athletic activity.

Various forms are available from ImPACT for physician and/or School Nurse/Athletic Trainer completion. Such forms are included with this protocol information for parent/guardian convenience. The forms and other helpful information can also be found on the ImPACT website at http://impacttest.com/faq#faq_62.

Parent/Student Athlete Concussion Awareness & Management Acknowledgement

The concussion awareness and management protocol is designed to inform parents and student athletes on the importance of ensuring athlete safety by providing guidance for prevention, evaluation and management of concussions or head injuries.

Each student athlete and parent/guardian must sign below acknowledging receipt and understanding of the information provided in the concussion awareness and management protocol. Prior to participation, athletes are required to submit the signed acknowledgement to the Coach, Athletic Trainer or Athletic Director.

Acknowledgement

I have received a copy of the Concussion Awareness & Management Acknowledgement and have reviewed the information.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____
(please print)

Student Athlete Signature: _____ Date: _____

Student Athlete Name: _____
(please print)