



# WINNISQUAM REGIONAL SCHOOL DISTRICT

## Concussion Protocol and Return to Play Guidelines

---

WRSD staff seeks to provide a safe return to participation for all student-athletes after injury, including concussions. The *WRSD Concussion Protocol and Return to Play Guidelines* have been developed to identify, treat, refer, and safely return to play those student-athletes that have been identified as having a concussion.

The following protocol will be reviewed by the athletic training staff and school nurse on a yearly basis. Any changes or modifications will be reviewed, discussed, and approved by the Athletic and Activities Council (AAC). Once finalized, changes will be communicated to athletic department staff and other applicable school personnel in writing.

### **What is a Concussion?**

- Concussion is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces.
- Concussion may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an impulsive force transmitted to the head.
- Concussion typically results in the rapid onset of short lived impairment of neurological function that resolves spontaneously.
- Concussion may result in neuropathological changes, but the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury.
- Concussion results in a graded set of clinical symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follow a sequential course; however, in a small percentage of cases, postconcussive symptoms may be prolonged.

### **Second Impact Syndrome:**

Second Impact Syndrome is a rare but possibly fatal condition that can occur when a person incurs a second concussion before the first has fully healed. Although rare, it can be catastrophic and as such is a major concern for WRSD athletic staff.

### **Concussion Evaluation:**

The diagnosis of an acute concussion typically involves the assessment of clinical symptoms, physical signs, behavioral changes, balance and coordination, sleep, and cognition. A student-athlete may experience certain symptoms as reported by the student-athlete or common signs as observed by the evaluator.

- **Symptoms:**
  - Headache
  - Fatigue
  - Nausea or vomiting
  - Double vision or blurry vision
  - Sensitivity to light or noise
  - Feels sluggish
  - Feels “foggy”
  - Problems concentrating and remembering
- **Common Signs:**
  - Student-athlete appears dazed or stunned
  - Confusion
  - Unsure about game, score, opponent

- Altered coordination
- Balance problems
- Personality change (aggressive behavior)
- Responds slowly to questions
- Forgets events prior to trauma
- Forgets events after trauma has taken place
- Loss of consciousness (any duration)

**Sideline Management:**

Any coach, official, licensed athletic trainer, or healthcare provider who suspects that a student-athlete has sustained a concussion in a practice (including tryouts or trainings) or during a competition shall immediately remove the student-athlete from all physical activity and initiate the *WRSD Concussion Protocol and Return to Play Guidelines*.

Sideline assessment will be administered by the athletic trainer to student-athletes suspected of having suffered a trauma to the head or neck and/or displaying concussion like signs and symptoms. The Sports Concussion Assessment Tool (SCAT) will be utilized to assess and evaluate orientation, memory, concentration, and other symptoms. History, verbal examination, and special tests will be used to determine the presence and severity of concussion.

1. Assess subjective complaints (symptoms and common signs - Page 1 & 2).
2. Assess loss of consciousness, orientation, and memory:
  - a. Determine if the student-athlete “blacked out” or lost consciousness;
  - b. Orientation (date, day of the week, approximate time of day);
  - c. Game or practice details (opponent, current game situation, recent plays or drills); and
  - d. Assess student-athlete’s memory of events preceding the blow and after the blow took place.
3. Assess concentration and recall:
  - a. Immediate recall using a five-word list;
  - b. Delayed recall - Repeat the immediate recall list after completing the remainder of their evaluation;
  - c. Concentration (i.e. recite several months of the year in reverse order or repeat 3 digit number strings backwards); and/or
  - d. Other special tests.
4. Assess cranial nerves.
5. Assess dermatomes and myotomes.

Any individual suspected of having a concussion, **will not** be allowed to return to a game or practice until they complete the *WRSD Concussion Protocol and Return to Play Guidelines*.

**Emergency Management:**

1. Any student-athlete suspected of having head or neck trauma will be evaluated for possible spine injury.
2. If a spine injury is suspected, the student-athlete will be immobilized by the athletic trainer.
3. If there is any loss of consciousness or rapidly deteriorating symptoms, EMS will be called and the student will be transported to the nearest hospital.
4. If the injury occurs to a student-athlete while participating in football or hockey, their facemask will be removed to allow access for airway management.

### **Parents/Guardian Communication:**

- If the parent/guardian is not present at the time of injury, they will be contacted as soon as possible and details of the injury sustained will be discussed including follow-up care, healthcare referral, and the *WRSD Concussion Protocol and Return to Play Guidelines*.
- If the parent/guardian is present at the time of injury, details will be discussed when appropriate.
- The parent/guardian and student-athlete (if appropriate) will be provided the [Concussion Home Care Sheet](#).

### **Return to Play Guidelines**

- A student-athlete who exhibits symptoms, common signs, or has abnormal cognitive testing, will not be permitted to return to play on the day of the injury regardless of student-athlete, parent, or coaches desires/demands.
- Return to play **after** concussion
  - The student-athlete must meet all of the criteria in school board policy [JLCJ](#) in order to return to play.
    - Return to Learning Plan has been established;
    - Completion of the *WRSD Concussion Protocol and Return to Play Guidelines*;
    - The student-athlete receives medical clearance and written authorization from the treating healthcare provider stating that the student-athlete is symptom free and may return to play; and
    - The parent/guardian of the affected student-athlete must provide written permission for their child to return to play.
  - In the case of conflicting opinions by healthcare providers, trainers, coaches, and/or parents/guardians, the more conservative approach will be taken.
  - Once the above criteria have been met the student-athlete will be progressed back to full activity under the supervision of the athletic trainer.
  - It is important to note that progression is individualized according to the student-athlete's symptoms.
- WRSD uses the Zurich Consensus Statement from November 2008 as our return to play progression tool. Currently, this is the most widely recognized return to play progression tool available. The process will be implemented once the student-athlete has been symptom free for 24 hours.
  - Phase 1: No activity except for daily living activities including physical and mental activities.
  - Phase 2: Light aerobic exercise (walking, jogging, and stationary bike).
  - Phase 3: Sport specific exercise (skating in hockey, running in soccer).
  - Phase 4: Noncontact training drills (passing drills in football and hockey, may start progressive resistance training).
  - Phase 5: Full contact practice (following clearance by healthcare provider, participate in normal training activities).
  - Phase 6: Return to play (normal game activity).
  - Each phase should take 24 hours. If any post-concussion symptoms occur while in the return to play protocol then the student-athlete should drop back to the previous asymptomatic phase and try to progress again after 24 hours remaining asymptomatic.

### **Neurologist/Specialist Referral:**

- A student-athlete will be referred to a neurologist if they experience any of the following signs or symptoms:
  - Loss of consciousness;

- Symptoms lasting more than 7 days;
- Having suffered more than one concussion in a season;
- Seizure or posturing activity; and/or
- Deteriorating signs and symptoms.

**Parent/Guardian and Student-Athlete Signatures**

By signing below, I confirm that I have read, understand and will comply with the information contained in the *WRSD Concussion Protocol and Return to Play Guidelines*.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Revised: May 5, 2021 - RTS