

School District of Newberry County

Concussion Management Plan

EDUCATION & ACKNOWLEDGEMENT

- The concussion fact sheet will be available as a part of the education process of athletes and their parents. Before being allowed to participate, all School District of Newberry County athletes and their parents must read the concussion fact sheet and sign the concussion awareness statement. By signing this statement, they acknowledge that they have read and understand the information and that it is their responsibility to report injury and illnesses to a staff athletic trainer, including signs and symptoms of a concussion.
- All School District of Newberry County coaches will complete the National Federation of High Schools course **“Concussion in Sports: What You Need to Know”** in accordance with South Carolina High School League rules.
- Coaches are not expected to “diagnose” a concussion. Each member of the athletic department staff should be aware of the signs, symptoms and behaviors of a possible concussion. If it is suspected that the athlete may have a concussion, then the athlete must be removed from all physical activity.
- When an athlete is concussed, an attempt to contact his/her parent will be made as soon as possible. Both parent and athlete should have further education in concussion management, including but not limited to the “Athlete Information” portion of the SCAT6 form and/or individual advice from the athletic training staff on concussion signs, symptoms and care.

EVALUATION

- Any athlete experiencing symptoms should report them to the athletic training staff as soon as possible.
- Any athlete exhibiting signs, symptoms or behaviors consistent with concussion shall be removed from athletic activities by an athletic trainer (or coach in the absence of the athletic trainer) and evaluated by a medical staff member (staff athletic trainer or team physician) as soon as possible.
- A physical examination using a battery of neurological tests will be performed by a staff athletic trainer as soon possible after the time of injury for all athletes exhibiting signs, symptoms or behaviors consistent with concussion.
- All concussed athletes should be evaluated by a team physician, or the physician of the parent’s choice trained in concussion management.
- A concussed athlete should regularly report to the athletic training room for assessment of symptoms (ideally each school day). In the instance the concussed athlete is a middle school student, the assessments will be provided by the school nurse if transportation is a problem until the athlete is asymptomatic.

RETURN TO PLAY CRITERIA

- Upon knowledge of a concussion, the concussed athlete will NOT return to play the same day.
- All concussed student athletes must be cleared by a physician trained in concussion management.
- Once a concussed athlete is asymptomatic the athlete will complete stepwise exertional testing over several days as described in the Zurich Consensus Statement. Upon successful completion of the stepwise program without recurring symptoms, the athlete may return to play.
 - Day 1 – light aerobic exercise
 - Day 2 – moderate aerobic exercise
 - Day 3 – heavy non-contact activity
 - Day 4 – sports-specific practice
 - Day 5 – full contact practice
 - Day 6 – return to competition

Note: If the athlete experiences post-concussion symptoms during any phase, the athlete should drop back to the previous asymptomatic level and resume the progression after 24 hours.

- In the event that a symptomatic athlete is cleared by a physician, the athlete will not return to play until the return to play protocol outlined in the consensus statement is followed and passed.

OTHER CONSIDERATIONS

- The school nurse will be notified by a staff athletic trainer of a concussed athlete. The school nurse will notify the athlete’s guidance counselor, and a notification will be made to the athlete’s teachers. A concussion fact sheet and/or a list of classroom accommodations will be provided as needed.
- This plan will be updated and reviewed annually or as new standards of care become available.

Mild Traumatic Brain Injury (MTBI) / Concussion Annual Statement and Acknowledgement Form for Student-Athletes

I, _____ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the appropriate school staff (e.g., coaches, athletic training staff, and school nurse). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I/we acknowledge:

- My school has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion/HeadsUp/youth.html>) on what a concussion is and the signs and symptoms.
- I/We have fully disclosed to the school medical staff any prior mild traumatic brain injuries (MTBI)/concussions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I/We am/are responsible for reporting to the coach, athletic trainer, school nurse, or other appropriate school medical staff member.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I will make every effort to report the injury to the appropriate school staff and/or school medical staff member.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- I understand return to play following a head injury requires following a graduated return to play protocol.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student-athlete must print their name, then sign and date below:

Print athlete's name: _____

Signature: _____ Date: _____

Parent/guardian must print their name, then sign and date below:

Print parent/guardian's name: _____

Signature: _____ Date: _____