

InstructionActivitiesConcussions1. Training.

The Superintendent or designee shall make available training approved by the chief medical officer of the State on how to recognize the symptoms of a concussion or brain injury and how to seek proper medical treatment for a concussion or brain injury to all coaches of school athletic teams.

2. Education.

The Superintendent or designee shall require that concussion and brain injury information be provided on an annual basis to students and the students' parents or guardians prior to such students initiating practice or competition. The information provided to students and the students' parents or guardians shall include, but need not be limited to:

- a. the signs and symptoms of a concussion;
- b. the risks posed by sustaining a concussion; and
- c. the actions a student should take in response to sustaining a concussion, including the notification of his or her coaches.

3. Response to Concussions.

- a. Removal. A student who participates on a school athletic team shall be removed from a practice or game when he or she is reasonably suspected of having sustained a concussion or brain injury in such practice or game after observation by a coach or a licensed health care professional who is professionally affiliated with or contracted by the school.
- b. Return-to-Play. A student who has been removed from a practice or game as a result of being reasonably suspected of having sustained a concussion or brain injury shall not be permitted to participate in any school supervised team athletic activities involving physical exertion, including, but not limited to, practices or games, until the student: (i) has been evaluated by a licensed health care professional, (ii) has received written and signed clearance to resume participation in athletic activities from the licensed health care professional, and (iii) has submitted the written and signed clearance to resume participation in athletic activities to the school accompanied by written permission to resume participation from the student's parent or guardian.

The coach or administration may require that the student's return to full activities be on a stepwise progression back to full participation, or otherwise establish

conditions for return to participation that are more restrictive than those defined by the licensed health care professional if the coach or an administrator reasonably deems such to be appropriate.

The signature of an individual who represents that he or she is a licensed health care professional on a written clearance to resume participation that is provided to the school shall be deemed to be conclusive and reliable evidence that the individual who signed the clearance is a licensed health care professional. The school is not required to determine or verify the individual's qualifications.

- c. Parent Notification. If a student is reasonably suspected after observation of having sustained a concussion or brain injury and is removed from an athletic activity per the preceding paragraph, the parent or guardian of the student shall be notified by the Superintendent or designee of the date and approximate time of the injury suffered by the student, the signs and symptoms of a concussion or brain injury that were observed, and any actions taken to treat the student.
- d. Return to Learn. The Superintendent or designee shall develop a return to learn protocol for students who have sustained a concussion. The return to learn protocol shall recognize that students who have sustained a concussion and returned to school may need informal or formal accommodations, modifications of curriculum, and monitoring by medical or academic staff until the student is fully recovered.

4. Responsibility of Coaches.

Coaches shall comply with this policy and apply their safety and injury prevention training. A coach who fails to do so is subject to disciplinary action, including but not limited to termination of employment.

5. Students and Parents.

It is recognized that coaches cannot be aware of every incident in which a student has symptoms of a possible concussion or brain injury. As such, students and their parents have a responsibility to honestly report symptoms of a possible concussion or brain injury to the student's coaches on a timely basis.

Legal Reference: Neb. Rev. Stat. §§ 71-9102 to 71-9106

Date of Adoption: ~~July 8, 2015~~
June 14, 2023

Since beginning to work with Syracuse Area Health, some new systems and documents have been used. Martika, Elmwood-Murdock's personal athletic trainer, and Cortney Sorensen, have been working together to develop an athlete focused approach to avoid multiple people doing the same job. No changes should be made to the actual concussion policy at this time; however, they'd like to include these forms to be used as the standard for managing concussions.

A. Post-Concussion Symptom Scale

We have been using a different symptom scale similar to this, and it has worked to monitor symptoms. However, this specific post-concussion symptom scale is used by Syracuse Area Health. By adapting to this scale, it would provide a consistent monitoring system between the trainer, coaches, and school nurse. This symptom scale is also a little more in-depth and detailed to really focus on the athlete's specific symptoms, which will also help modify the athlete's recovery and modifications.

B. Concussion Return Procedure

This will be led by the athletic trainer. He/she will be responsible for communication with the athlete's parents and coaches. The trainer will communicate all concussions with the nurse as well, so that the nurse can assist as needed. It will be the responsibility of the nurse to communicate with the athlete's teachers and principal. The Concussion Return Procedure describes the steps for an athlete to complete, so they are safe to compete again, with consistent monitoring between the athletic trainer and coach. Once the athlete has completed all steps, the trainer will sign the form. The parents will also sign, acknowledging that their child has completed the Concussion Return Protocol, and stating they agree their child is ready to fully participate in athletics.

This form will replace the current Return to Play form that was used by our previous trainers. It will also replace the NSAA Clearance form that required athletes to be seen and cleared by the doctor. Elmwood-Murdock employees Syracuse Area Health to assist with all athletic trainer responsibilities, including managing concussions. A licensed athletic trainer is certified to clear an athlete, after proper steps, from his/her concussion. This is a huge asset to our district, as going to a doctor costs time and money for parents.

Concussion information, including do's and don'ts and managing concussions at home are also included in this form.

C. Return to Learn Protocol

This chart will be used by the school nurse to help the athlete modify his/her school day and describe how homework and assignments should look. The information itself isn't actually different, but having it in a chart like this should help the student, parents, teachers, etc have a better visual of the expectations and modifications.

D. Healthy Roster Consent Form

Health Roster is the program used by Syracuse Area health to document an athlete's injuries and to communicate with coaches, the school nurse, and parents. Coaches will assist with informing athletes about Health Roster and collecting the consent forms. The consent only needs completed once per athlete and is good for their entire athletic career at Elmwood-Murdock. Families have a right to refuse to sign this form. In this situation, the trainer will do their best to verbally communicate all necessary information about an athlete and his/her injury effecting participation.



A

Post-Concussion Symptom Scale

Name: _____

Date: _____

Instructions: For each item indicate how much the symptom has bothered you *in the last 24 hours*

	Symptoms	none	mild		moderate		severe	
Physical	Headache	0	1	2	3	4	5	6
	Nausea	0	1	2	3	4	5	6
	Vomiting	0	1	2	3	4	5	6
	Balance Problems	0	1	2	3	4	5	6
	Dizziness	0	1	2	3	4	5	6
	Visual Problems	0	1	2	3	4	5	6
	Fatigue	0	1	2	3	4	5	6
	Sensitivity to Light	0	1	2	3	4	5	6
	Sensitivity to Noise	0	1	2	3	4	5	6
	Numbness/Tingling	0	1	2	3	4	5	6
Thinking	Feeling Mentally Foggy	0	1	2	3	4	5	6
	Feeling Slowed Down	0	1	2	3	4	5	6
	Difficulty Concentrating	0	1	2	3	4	5	6
	Difficulty Remembering	0	1	2	3	4	5	6
Sleep	Drowsiness	0	1	2	3	4	5	6
	Sleeping Less than Usual	0	1	2	3	4	5	6
	Sleeping More than Usual	0	1	2	3	4	5	6
	Trouble Falling Asleep	0	1	2	3	4	5	6
Emotional	Irritability	0	1	2	3	4	5	6
	Sadness	0	1	2	3	4	5	6
	Nervousness	0	1	2	3	4	5	6
	Feeling more Emotional	0	1	2	3	4	5	6
Pain other than Headache		0	1	2	3	4	5	6

Exertion: Do these symptoms worsen with:

Physical Activity

Yes No not applicable

Thinking/School/Cognitive Activity

Yes No not applicable Over the

past two days, my daily activity level is _____ % of normal.

If your symptoms persist past 4 weeks, please contact your Physician or a Neuropsychologist for further evaluation.

B



Athlete Name: _____ Date: _____

Concussion Return Procedure

The Student Athlete will be on the school's concussion policy until symptom free and able to participate fully in classes. Once the student reaches that point, and has passed neurocognitive testing (sway or impact), they will begin this 5 step progression back to sport activity. Only one stage can be completed per calendar day. If any concussive symptoms return during this process, the athlete should immediately stop activity, wait until symptom free for 24 hours, and then re-start the previous stage. Stages are listed below. Each stage should be supervised by a coach or the athletic trainer, and must be initialed by the athletic trainer before progressing to the next.

Initial Date **Stage 1: Light Aerobic Activity**
Light stationary bike or walk/jog on treadmill, 15-20 minutes
Should be 3 or less on 10 point perceived exertion scale
15-20 minutes

Stage 2: Moderate Aerobic Activity
Moderate stationary bike or treadmill, 30-35 minutes total
Warm Up, alternate 5 min hard 5 min easy, Cool Down

Stage 3: Heavy Exertion, No Contact
Plyometric exercise (40-45 minutes; led by athletic trainer)
Non-contact sport specific drills
May begin weight lifting

Stage 4: Light Contact Practice
Full practice
May participate in drills where contact is controlled
No participation in live drills

Stage 5: Full Contact Practice
Full practice, no restrictions

I am the licensed healthcare professional responsible for overseeing the return-to-play protocol. I attest the athlete has successfully completed each requirement of the return-to-play protocol necessary for the athlete to safely resume participation.

Signature: _____ Date: _____

I am the parent of the above named student-athlete, and I attest that the athlete has successfully returned to school and I acknowledge receipt of the above outlined return protocol and am comfortable with the athlete returning to sport.

Signature: _____ Date: _____

What is a concussion/mild traumatic brain injury?

A concussion, also called a mild traumatic brain injury, is a head injury caused by the brain shaken around inside the skull after a direct blow to the head, or a sudden jerking of the head or neck when the body is hit. This can cause injury to the brain's nerve fibers and interrupts normal brain activities. In most cases, this injury cannot be seen on tests such as a CT scan or MRI. Every person experiences concussions differently. Some people will experience severe symptoms, such as losing consciousness or forgetting events leading up to or right after a concussion, and some won't. These severe symptoms are not necessary for an injury to be classified as a concussion.

Normal Signs of Concussion

- Headache
- Nausea or vomiting
- Balance problems
- Dizziness
- Visual problems
- Fatigue or drowsiness
- Sensitivity to light or noise
- Numbness or tingling
- Dazed or stunned
- Irritability
- Sadness
- More emotional
- Nervousness
- Trouble falling asleep
- Feeling mentally "foggy"
- Feeling slowed down
- Confused about recent events
- Sleeping less or more than usual
- Difficulty concentrating or remembering
- Forgetful of recent information or conversations
- Answers questions slowly or repeats question

When should I go to the ER?

- Won't wake up, hard to wake up
 - Becoming drastically more confused or agitated
 - Blood or fluid coming from nose or ears
 - Prolonged impaired vision
 - Slurred speech or trouble speaking
 - Vomit 3 times or more
 - Sudden weakness on one side of the body
 - Seizure activity
- It is normal for a concussion to last 2-4 weeks. You should always see your PCP if you are uncomfortable about progress, but the athletic trainer will refer you if symptoms persist at 3 weeks from injury date.
- Expect a return to play progression after symptoms subside (see reverse side). This takes at *minimum* 5 days. Actual time will be dependent on practice, game, and school schedule, as well as whether symptoms return at any point during the progression.

DO

Encourage physical and cognitive rest

- No excessive exercise, i.e. practices, games, PE classes, lifting
- Avoid any activities that increase heart rate
- Rest as much as possible/needed

Talk with/work with your teachers for classes

- It is important to ease back into normal day to day activities
- The school will work with you to make this possible

DON'T

Be put in a dark room; avoiding all activity

In the past, patients were told to have absolute rest and it is now accepted that light and cautious activity can be part of the healing process. Respect your brain and body and have a conversation with your athletic trainer or doctor about what this looks like for you.

Be woken up every hour

Sleep as much as your body wants; sleep is when your brain heals

Use electronic devices excessively

(computer, phone, tablet, TV screens)

Use OTC pain relievers if you can help it.

If you absolutely need something, take Tylenol, NOT ibuprofen or Aleve

Severity	Stage	Work	Learning Adjust	PE/Recess adjustment	Expected Duration/ Decision Making Data
Severe	RTL 1	Stay home and rest	No Activity	No activity (RTP 1)	2-4-48 hours (as needed)
	RTL 2	50% of classwork and homework Cut of class rest breaks as needed In class rest breaks recommended (head down on desk)	Student can visit health office for breaks as needed Limited screen time reading (15-20 minutes or less at a time) Participation and engagement encouraged NO TESTING	No activity (RTP 1) Non-active task in alternate location	1-5 school days Progress to next stage when symptoms do not increase/as tolerated by student
Moderate	RTL 3 Remove/Reduce Comprehension Over Output Focus on Current Information	50% of classwork and homework Tests and large assignments are postponed or taken in modified form In class breaks as needed, determined by student and teacher	For in-class work and homework NO adjustments For tests: Postpone Multiple-choice Verbal rather than written where appropriate Extended time Allow use of notes Break into shorter sessions	No activity (RTP 1) Non-active task in alternate location May be able to begin RTP 2, will be decided on a case-by-case basis	1-5 school days Progress to next stage when symptoms do not increase/as tolerated by student
Mild	RTL 4 Pull Back on Adjustments Keep Current Eye on Makeup Assignments	100% of classwork and homework Tests and large assignments are postponed or taken in modified form In class breaks as needed, determined by student and teacher	No adjustments For tests: Postpone Multiple-choice Verbal rather than written where appropriate Extended time Allow use of notes Break into shorter sessions	No activity (RTP 1) Non-active task in alternate location May be able to begin RTP 2, will be decided on a case-by-case basis	1-5 school days Progress to next stage when symptoms do not increase/as tolerated by student
Back to Baseline	RTL 5	100% of classwork and homework Make up summative work	No adjustments or modifications	PE Classes: May begin the RTP process as laid out Should only do one step per day Any return of symptoms should result in ceasing activity for the day, going back a step, and trying tomorrow Failing any step more than twice should be referred to a doctor. RTP 2 and RTP 3 are the only steps necessary for PE class. Athletics Progress through RTP process according to athletic trainer - NOT CLEARED FOR GAMES OR PRACTICES UNTIL THIS IS DONE	1-5 school days Progress to next stage when symptoms do not increase/as tolerated by student

Any concussion occurring at school may be sent home that day

RTL 2 - most scores in the 5-6 range RTL 3- most scores in the 3-4 range RTL 4 - most scores in the 1-2 range

Symptoms lasting longer than 3 weeks need to be referred to a physician for clearance and guidance

Healthy Roster Consent Form

Healthy Roster is an online database which allows your child's athletic trainer to keep track of injuries and issues for which your child seeks their care. When you sign up for healthy roster, notes from the athletic trainer will be visible to you and you will be sent notifications regarding these thoughts. The option exists to share this information with your child's coaches as well, which helps with continuity of care and keeping everyone on the same page. Although your child's information will only be shared with coaches of the sports which he or she plays, for sake of liability and continuity of care, the school nurse and the athletic director will also be able to view all injuries should they choose. This information may also be shared with the PE teacher or strength coach, as the situation necessitates.

By checking the box below, you are consenting to have this information shared with coaches. If you choose not to check this box, your child's athletic trainer will do their best to communicate with the coaches the information which they know about your child's conditions verbally, but much of the burden of communication will fall on your child and you.

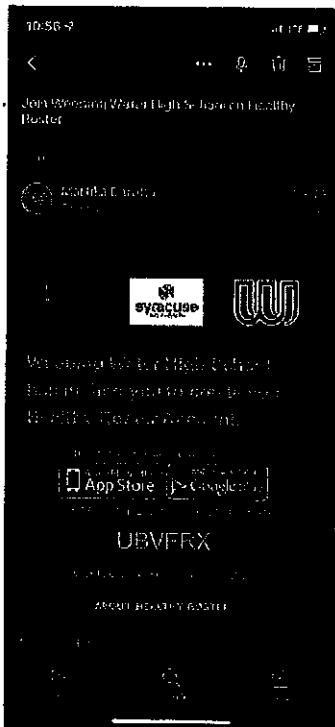
Once your athlete has an account created in the system, which will be done by the athletic trainer, they will share an email with you which includes a code and instructions to set up their account on your end. You only need to do this once for your athlete during their competitive career with their school. A screen shot of the email is included on this form.

Healthyroster.helpdocs.io/article/tjxavvkj5-parent-athlete-walkthrough

I consent to have my child's personal information shared via Health Roster

Child's name (s) _____

Parent signature _____ Date _____



← Your school logo will be here

← Your school name will be here

← Your personal code will be here

Please note: This is a sample code which will not send you to your child's account. You will be sent a personalized code if you consent.

If you have questions or concerns, please contact your Athletic Trainer