

## **Shelton Public Schools Concussion Protocol**

In this document, the word “concussion” is used many times. An athlete may also receive a diagnosis of a Mild Traumatic Brain Injury (MTBI) from a physician but the terms “Concussion” and “MTBI” are considered the same thing as far as this document is concerned.

### **Introduction**

In July of 2012, LB 260, the Nebraska Concussion Awareness Act was passed and required that all high schools in the state of Nebraska have a concussion management plan that included:

1. Education and training be provided for all coaches while athletes and parents be provided with information about how to identify the signs/symptoms of a concussion, the risks of sustaining a concussion and what to do if the parent or athlete should do if a concussion is suspected
2. Remove the athlete from play immediately and not allow the athlete to return to play until evaluated by a licensed health care professional
3. Upon the athletes return to play, the athlete must have written permission from a licensed healthcare professional as well as the athlete parents

In July of 2014, LB 782, the Return to Learn Act was passed and requires all schools to design a plan for returning the student-athlete to the classroom following a concussion. This act recognizes that students who sustain a concussion and return to the classroom may need informal or formal accommodations/modification of curriculum and monitoring by medical and academic staff until fully recovered.

All coaches will complete annual concussion training via video provided by the National Federation of State High Schools Association. The activities director will keep track of the date of each coach’s training.

All athletes at Shelton High School will be given the ImPact baseline concussion test prior to participation their 9<sup>th</sup> grade year and their 11<sup>th</sup> grade year. Shelton High School will also ensure that any new student/athletes will be tested as well. The ImPact Concussion Test will be used by the concussion management team as a tool to help determine the athlete’s readiness to return to play based on the athlete’s baseline value.

### **Concussion Management Plan**

- If an athlete is evaluated by an athletic trainer or physician during a practice/competition and is determined to have a possible concussion, the athlete will **NOT** be allowed to return to practice/competition that day. If an athletic trainer or physician is not present, the coach will remove the athlete from practice/competition if any signs/symptoms of a concussion arise.

- Following the concussion evaluation, the athlete will be re-assessed every 5-10 minutes to check their condition. The athlete will be sent to be evaluated by a physician the day of the concussion if:
  - Loss of consciousness on the field
  - Amnesia lasting longer than 15 minutes
  - Deterioration of neurologic function
  - Decreasing level of consciousness
  - Decrease or irregularity in respirations
  - Decrease or irregularity in pulse
  - Increase in blood pressure
  - Unequal, dilated, or unreactive pupils
  - Cranial nerve deficits
  - Any signs/symptoms of associated injuries, spine or skull fracture or bleeding
  - Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation
  - Seizure activity
  - Vomiting
  - Motor, sensory, cranial & balance deficits subsequent to initial on-field assessment
  - Post-concussion symptoms that worsen
  - Additional post-concussion symptoms as compared with those on the field
  - Athlete is still symptomatic at the end of the game
  
- Every effort will be made to contact the athlete's parents immediately following their concussion evaluation to report the date/time of the concussion, what signs/symptoms were evaluated and any action taken to treat the athlete. Athletes will be sent home with a concussion home instruction sheet, a post-concussion symptoms checklist and the recommendation to see their family physician the following day for diagnosis and to determine if any neuroimaging is necessary. Athletes will not be allowed to drive themselves home.
  
- If the athlete has not been seen by a physician, the athlete and their family will be given strict instructions **NOT** to take any pain relieving medications such as Tylenol or Ibuprofen.
  
- Parents are given instructions to monitor their child following a possible concussion and to wake their child every 3 hours throughout the night to watch for signs/symptoms such as: **Increased or localized headache, symptoms that continue to increase (dizziness, disorientation), vomiting, change in attitude/demeanor, inability to arouse the athlete and/or anything out of the ordinary for their child.** If any of the following occur, parents are given instructions to seek medical treatment immediately.
  
- The Team Leader will activate the Concussion Management Team by sending an email before school the following day to all members. Management/Treatment of the concussion may include cessation from all activity that causes the symptoms of a

concussion to increase. Controlling/modifying such things as concentration activities, modify school attendance or certain class attendance, modified computer usage, etc. are all forms of possible treatment.

- Return to Learn Protocol is followed until the athlete is symptom free.
- Athletes who are diagnosed with a concussion will not be permitted to engage in any form of physical activity until otherwise advised by a qualified healthcare provider. This includes all Physical Education classes.
- Once the athlete is symptom free and has returned to full classroom activity with no accommodations, the ImpACT test will be conducted. If the athlete is determined to be at their ImpACT baseline, the step-wise return to play criteria will be followed once the physician and parent have signed the return to activity form. If the athlete is not at their baseline but does report being symptom free, they will be allowed to only participate in Day 1 activities until they reach their baseline and then the above process will be followed.
  - Day 1 - Light aerobic exercise
    - Walking
    - Stationary Bike
    - Balance Activities – No head movements
  - Day 2 - Sport-specific exercise
    - Running
    - Resistance Training
    - Balance Activities – Head movements
  - Day 3 - Non-contact drills
    - Running through plays – Cognitive work with exercise
    - Performing sports specific drills
  - Day 4 – Full-contact drills
    - Progression into contact on this day
  - Day 5 - Game Play
- If at any point the athlete experiences a return of symptoms during the above process, the athlete will be removed from activity and their physician will be consulted immediately. The athlete will then wait until they are symptom free again and the above process will again be followed starting with Day 1.

## Concussion Home Instructions

I believe that \_\_\_\_\_ sustained a possible concussion during practice/game today. Parents play a key role in maximizing a child's recovery from a concussion. To make sure your student athlete recovers as safely and quickly as possible, please follow the recommendations listed below.

1. Contact your child's healthcare provider for further evaluation/instructions.
2. Please follow the instructions outlined below for home care until your child can be seen by a healthcare provider:
  - Do not take pain-relieving medications such as Tylenol or Ibuprofen until directed by your health care provider.
  - Eat a light diet
  - Drink water
  - Rest comfortable
  - Go to sleep, but wake every 3 hours to check for responsiveness
  - Eliminate/Minimize the use of computers, cell phones, and T.V.
3. Seek immediate care if the following occur:
  - Significant increase or localized headache
  - Decreasing level of consciousness
  - Increasing symptoms of dizziness, disorientation
  - Unequal pupil size
  - Mental status changes: lethargy, difficulty maintaining arousal, change in attitude/demeanor (confusion, agitation)
  - Seizure activity
  - Vomiting
  - Inability to move a body part or loss of balance
  - Anything out of ordinary for your child
4. If a diagnosis of a concussion is received from your health care provider, you will need to continue to monitor symptoms and activities at home.
5. Enforce rest, both physical and cognitive, and ensure your child receives sufficient sleep and engages in quiet, restful activities immediately following a concussion.
6. Take student to follow-up appointments with the healthcare provider.
7. For the first few days, the student/athlete may have symptoms that interfere with concentration and may need to stay home from school to rest for a day or two and refrain from:
  - Watching TV
  - Playing video games
  - Texting
  - Working/playing on computer or iPad
  - Driving
  - Use of cell phone
  - Blowing on a musical instrument

- Piano lessons
8. Light mental activities can resume as long as symptoms do not worsen. When the student/athlete can tolerate 30-45 minutes of light mental activity, a gradual return to school can commence.
  9. An individualized Return to Learn Plan, stating any modifications or accommodations needed at school, will be developed and shared with you by the CMT. The Return to Learn protocol is followed until the athlete/student is symptom free.
  10. Once your child has returned to school, continue to monitor and track symptoms at home using the Post-Concussion Symptom Checklist (PCSC) on a daily basis and communicate regularly with the school Concussion Management team (CMT) Coordinator and/or healthcare provider.
  11. Sign permission at the school for a two-way Release of Information between your medical provider and the school district.
  12. Athletes/students who are diagnosed with a concussion will not be permitted to engage in any form of physical activity including, but not limited to, sports practice/games, P.E. classes, marching band, dance or cheer team practice/performances, recess, etc. until clearance has been received from the CMT, medical healthcare professional, and parents.
  13. Once the athlete/student is symptom free and has returned to full classroom activity with no accommodations in place, a neurocognitive test will be conducted. If the athlete is determined to be at their baseline, the step-wise Return to Play criteria will be followed once you and your child's physician have signed the Concussion Return to Play Clearance Form.
  14. You will be responsible for delivering medical clearance from your healthcare provider to the CMT when appropriate.
  15. For more information or questions on concussions or concussion management, please contact the CMT at school or go online to "Bridging the Gap from Concussion to the Classroom."

Recommendations Provided

to: \_\_\_\_\_

Recommendations Provided by: \_\_\_\_\_

Date \_\_\_\_\_

Please feel free to contact me if you have any questions at

\_\_\_\_\_

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

# Concussion Return to Play Clearance Form

|                             |                       |                             |
|-----------------------------|-----------------------|-----------------------------|
| <i>Student/Athlete Name</i> | <i>Date of Birth</i>  | <i>School Name</i>          |
| <i>Date</i>                 | <i>Date of Injury</i> | <i>Date of Initial Exam</i> |

The athlete identified above sustained a concussion on the aforementioned date. He/she has fully returned to the classroom, is symptom free at rest and has reached his/her baseline on the ImPACT test. Please indicate your release to complete the “Return to Play” protocol as outlined below:

*Day 1 - Light Aerobic Exercise*

*Day 2 - Sport-Specific Exercise*

*Day 3 - Non-contact Drills*

*Day 4 - Full-contact Drills*

*Day 5 - Game Play*

|   |             |
|---|-------------|
| <i>Health Care Professional Signature</i> | <i>Date</i> |
|---|-------------|

As parent/guardian of the aforementioned athlete, I hereby consent to have my child complete the “Return to Play” protocol - *understanding the risks associated with a concussion* - and thereby give my full support to the Health Care Professional and the concussion management team, trusting their judgment to allow my son/daughter to return to play. I hereby give permission for my son/daughter to resume participation in their sport/activity.

|                                  |             |
|----------------------------------|-------------|
| <i>Parent/Guardian Signature</i> | <i>Date</i> |
|----------------------------------|-------------|

A member of the CMT will monitor the student-athlete’s progress through the “Return to Play” protocol. The CMT will consult parents and the student-athlete’s health care professional whenever necessary or if there is a change in the athlete’s condition during the “Return to Play” protocol. I certify that the aforementioned athlete has successfully completed the “Return to Play” protocol.

|   |             |
|---|-------------|
| <i>Member of Concussion Management Team Signature</i> | <i>Date</i> |
|---|-------------|

## **Return to Learn Protocol**

### **Concussion Management Team (CMT)**

\*Student's Health Care Professional (Doctor)

\*Student's Parents

\*Athletic Trainers

Justin Rethorst (New West) - Mondays & Wednesdays

Mike Petersen (Grand Island Physical Therapy) – Tuesdays

\*typically here at 9am and stay as long as they are needed

\*Activities Director – Ron Blase

\*Secondary Principal– Jeremy Wieseler

\*Elementary Principal – Jeff Kenton

\*Elementary Teacher – Julie Wiese

\*School Nurse – Jackie Cornelius

\*School Counselor – Dan Brown

\*Student's Teachers

### **Secondary Core Team**

\*Athletic Director

\*Secondary Principal

\*School Nurse

\*School Counselor

### **Elementary Core Team**

\*Elementary Principal

\*School Nurse

\*School Counselor

\*Elementary Teacher

### **Weekly Meeting**

Core Team will meet on an as-needed basis dependent upon whether or not there is a student who is in the concussion protocol. If a student(s) is in the concussion protocol, weekly meetings will be held to discuss each student's status.

### **Concussion Management Team Plan**

1. Concussion occurs
2. Parents are notified, a concussion home instructions sheet and a post-concussion symptoms checklist will be sent home. (Parents are encouraged to have the student fill out the PCSC daily before attempting to go to school)
3. CMT are notified via email with the word "Concussion" in the subject line.
4. Student return to learn paperwork is organized for implementation.
5. Students who present with multiple, moderate to severe symptoms are encouraged to stay home.
6. Upon student arrival back to school, they will check in with their respective concussion team leader (AD for Secondary Students and Elementary

Principal for Elementary Students) at 7:45am. If their team leader is gone that day, they will need to check in with Mr. Brown.

7. CMT members will document on colored “Concussion Management in the Classroom” sheets any cognitive, physical, behavioral symptoms reported by the student based on the post-concussion symptom checklist. Based on these symptoms, any needed academic accommodations are made. These sheets will be given to the student at the 7:45AM meeting each morning and the student will return these sheets (colored sheet) to the Team leader at his/her daily after school meeting.
8. Team leaders will communicate any accommodations that are advised to teachers and follow progress until accommodations are no longer needed.
9. Student will check in daily with the Team Leader right after school.
10. It is crucial to include the parent and student in the discussion of the student’s progress.
11. CMT agree the student is symptom free and function in the classroom is “back to baseline” and no accommodations are needed.
12. Return to Play progression can now begin for those that are athletes, coordinated by AT’s.

**Return to Academic Progression**

| Steps | Progression                               | Description  |
|-------|---|--|
| 1     | <b>HOME</b> – Cognitive and Physical Rest | <ul style="list-style-type: none"> <li>• Stay at home</li> <li>• No Driving</li> <li>• Limited mental exertion – computer, texting, video games, homework</li> </ul>     |
| 2     | <b>HOME</b> – Light Mental Activity       | <ul style="list-style-type: none"> <li>• Stay at home</li> <li>• No driving</li> <li>• Up to 30 minutes mental exertion</li> <li>• No prolonged concentration</li> </ul> |

**Progress to Step 3 when student handles up to 30 minutes of sustained mental exertion without worsening of symptoms**

|   |  |   |
|---|--|---|
| 3 | <b>SCHOOL – Part Time</b><br>Maximum accommodations, shortened day/schedule, Built-in breaks | <ul style="list-style-type: none"> <li>• Provide quiet place for scheduled mental rest</li> <li>• Lunch in quiet environment</li> <li>• No significant classroom or standardized testing</li> </ul> |
|---|--|---|



|  |  |   |
|--|--|---|
|  |  | <ul style="list-style-type: none"> <li>• Modify rather than postpone academics</li> <li>• Provide extra time, help, and modified assignments</li> </ul> |
|--|--|---|

**Progress to Step 4 when student handles 30-40 minutes of sustained mental exertion without worsening of symptoms**

|   |  |   |
|---|--|---|
| 4 | <b>SCHOOL - Part Time</b><br>Moderate accommodations, shortened day/schedule | <ul style="list-style-type: none"> <li>• No standardized testing</li> <li>• Modified classroom testing</li> <li>• Moderate decrease of extra time, help, and modification of assignments</li> </ul> |
|---|--|---|

**Progress to Step 5 when student handles 60 minutes of mental exertion without worsening of symptoms**

|   |   |   |
|---|---|---|
| 5 | <b>SCHOOL - Full Time</b><br>Minimal accommodations | <ul style="list-style-type: none"> <li>• No standardized testing; routine tests are OK</li> <li>• Continued decrease of extra time, help, and modification of assignments</li> <li>• May require more support in academically challenging subjects</li> </ul> |
|---|---|---|

**Progress to Step 6 when student handles all class periods in succession without worsening of symptoms AND receives medical clearance for full return to academics and athletics**

# Tips for Teachers

Symptoms of concussion often create learning difficulties for students. Immediately after diagnosis of a concussion, an individualized plan for learning adjustments should be initiated with a gradual, monitored return to full academics as symptoms clear.

Typical classroom adjustments and accommodations include:

- Reduce course workload
- Decrease homework
- Allow breaks during the day (i.e. rest in quiet area)
- Allow additional time to complete assignments
- Provide instructor's notes, outline, or study guide for student
- Avoid over-stimulation (noise and light)
- Avoid testing or completion of major projects during recovery when possible

The following are additional adjustment or accommodations that may be made in the classroom for specific concussion symptoms:

## **Physical Symptoms:**

- **Headache** (most common reported symptom)
  - Implications at school
    - Poor concentration...may vary throughout day
    - Can be triggered by fluorescent lighting, loud noises, and focusing on tasks
  - Potential Adjustments in School Setting
    - Frequent breaks
    - Reduce exposure to aggravators (i.e. turn off fluorescent lights)
    - Rest as needed in nurse's office or quiet area
- **Dizziness/Lightheadedness**
  - Implications at school
    - Standing quickly or walking in crowded environment may present a challenge
    - Often provoked by visual stimulus (rapid eye movements, videos, etc.)
  - Potential Adjustments in School Setting
    - Allow student to put head down if symptoms worsen
    - Early dismissal from class and extra time to get from class to class to avoid crowded hallways

- **Visual symptoms** (Light sensitivity, double vision, blurry vision)
  - Implications at school
    - Trouble seeing slide presentations, movies, smart boards, computers, iPads, tablets, etc.
    - Difficulty reading and copying
    - Difficulty paying attention to visual tasks
  - Potential Adjustments in School Setting
    - Reduce brightness on the screens
    - Student may wear hat or sunglasses in school
    - Audiotapes instead of books
    - Seat student close to center of classroom activities (preferential seating if blurry vision)
    - Turn off fluorescent lights
    - Cover one eye with patch/tape or one lens if glasses are worn (double vision)
- **Noise Sensitivity**
  - Implications at school
    - Troubles with various noises in several school settings: Lunchroom, shop classes, band, choir, P.E. classes, hallways
    - Organized sports practices
  - Potential Adjustments in School Setting
    - Allow student to eat lunch in quiet area with classmate
    - Limit or avoid band, choir, shop classes
    - Avoid noisy gyms and organized sports practices and games
    - Consider use of ear plugs
    - Early dismissal from class to avoid crowded, noisy hallways

### **Sleep Issues:**

- Implications at school
  - Excessive fatigue can hamper memory for new or past learning or ability to attend and focus
  - Insufficient sleep can lead to tardiness or excessive absences
  - Difficulty getting to sleep or frequent waking at night may lead to sleeping in class
  - Excessive napping due to fatigue may lead to further disruptions of the sleep-cycle
- Potential Adjustments in School Setting
  - Allow for late start or shortened school day to catch up on sleep
  - Allow rest breaks during day if needed

## **Thinking/Cognitive Symptoms:**

- **Difficulty concentrating or remembering**
  - Implications at school
    - Challenges learning new tasks and comprehending new material (slowed processing speed)
    - Difficulty recalling and applying previously learned material
    - Lack of focus in the classroom
    - Difficulties with test taking, including standardized tests
  - Potential Adjustments in School Setting
    - Avoid testing or completion of major projects during recovery time when possible
    - Provide extra time to complete non-standardized tests in a quiet environment
    - Postpone standardized testing when possible
    - Consider one test per day during exam periods
    - Assess knowledge using multiple-choice instead of open-ended questions
    - Consider use of preprinted notes, note taker, scribe or reader for oral testing
    - Consider tape recorder for note taking
    - Reduce the cognitive load and focus on the most important concepts for student to know...quality vs. quantity
    - Consider decreasing homework and reducing make-up work
    - Provide both oral and written instructions; clarify instructions

## **Emotional/Mood Symptoms:**

- Implications at school
  - Sadness, irritability, changes in mood, nervousness, anxiety, may affect social relationships with adults and peers
  - Student may feel scared, angry, or depressed as a result of the concussion
- Potential Adjustments in School Setting
  - Develop an emotional support plan for the student. This may include an adult with whom the student can talk if overwhelmed
  - Mental fatigue may result in emotional meltdowns
  - Allow “signal” for student to remove himself/herself from classroom to de-escalate
  - Provide reassurance what they are feeling is typical in the course of recovery (i.e. concern about getting behind and/or grades)

# Concussion Monitoring Instructions

\_\_\_\_\_ hit his/her head today during school while \_\_\_\_\_ . Although your child is not exhibiting any serious symptoms at this time, further monitoring at home is recommended to rule out a possible concussion as sometimes symptoms take awhile to appear. Please follow the important recommendations listed below:

1. Home Care Recommendations:
  - Eat a light diet
  - Drink water
  - Rest comfortable
  - Go to sleep, but wake every 3 hours to check for responsiveness
  - Eliminate/Minimize the use of computers, cell phones, video games, iPads, and T.V.
2. Seek immediate care if the following occur:
  - Significant increase or localized headache
  - Decreasing level of consciousness
  - Unequal pupil size
  - Mental status changes: lethargy, difficulty maintaining arousal, change in attitude/demeanor (confusion, agitation)
  - Seizure activity
  - Vomiting
  - Inability to move a body part or loss of balance
  - Anything out of ordinary for your child
3. Other recommendations

Recommendations Provided to: \_\_\_\_\_

Please feel free to contact me if you have any questions. I can be reached at: \_\_\_\_\_

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

# POST-CONCUSSION SYMPTOM CHECKLIST

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

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

Instructions: For each item please indicate how much the symptom has bothered you over the **past 2 days**

| 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 Problem          | 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 |
|           | Pain other than Headache | 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 |

**Exertion:** Do these symptoms worsen with:

Physical Activity       Yes    No    Not applicable

Thinking/Cognitive Activity    Yes    No    Not applicable

**Overall Rating:** How different is the person acting compared to his/her usual self?

Same as Usual   0   1   2   3   4   5   6   Very Different

**Activity Level:** Over the past two days, compared to what I would typically do, my level of activity has been \_\_\_\_\_% of what it would be normally.