

Name: **Sports Related Concussion Best Practice Plan**

Date: October 24, 2013

- I. **Purpose:** To provide a set of instructions and guidelines to follow in the event of sports related concussion. The Concussion Program offers a comprehensive and multidisciplinary approach to the evaluation and management of concussions, and returning athletes to activity.
- II. **Background:** A concussion is a disturbance of brain function that occurs after either a blow to the head or as a result of the violent shaking of the head. The *Sports Related Concussion Best Practice Plan* is a set of instructions devised to guide coaches, administrators and the sports medicine department.
- III. Use this plan as a procedural resource when you encounter a sports related concussion sustained by a student-athlete within the athletic programs offered through the Duval County Public Schools.

IV. Procedure:

General

- A. All Athletic Directors, Administrators, Athletic Trainers, Volunteer Team Physicians, First Responders and Coaches should review these procedures prior to the beginning of each sporting season. Athletic directors should ensure these procedures are followed by all coaches.
- B. It is understood that various levels of medical supervision exist within our school system and the coach should at all times be prepared to be the primary care giver to an athlete who has sustained an injury. The coach should be familiar with the level of medical supervision that is readily available within their particular school and should obtain and keep current all contact information associated with the medical personnel.
- C. Coaches should, by this Sports Related Concussion Best Practice Plan, have a complete understanding of their role and responsibility in prevention, recognition, notification, treatment, management and subsequent return to activity in regard to a suspected concussion involving a student-athlete.

Specific

High School Programs

Education:

Parents, Athletes, Coaches, Teachers, Administrators and associated health care providers will be provided educational opportunities in regard to sports related concussion and concussion management prior to each sporting season. Some of the specific topics to be covered within the educational curriculum will include: (1) Prevention of sports related concussion; (2) Recognition of sports related concussion symptoms; (3) Care and management of the concussed athlete; including, academic accommodations for return to school (4) Rehabilitation of the concussed athlete; and (5) Return to participation parameters of the concussed athlete. The School will comply with any specific requirements for coaches and schools established by the Florida High School Athletic Association. (FHSA)

Education will be provided to athletes and parents if an athlete has a sustained a suspected concussion. This should include information on concussion signs & symptoms, when to seek immediate care, safely returning to school and play, tips to aid in recovery (such as rest, reducing audio, visual & sound stimulation), and how to help reduce an athlete's risk for a future concussion. Promote awareness of the FHSAA Concussion Action Plan & requirement for MD/DO evaluation and final clearance prior to return to participation. NO athlete should return to play the same day if showing any signs and symptoms of a concussion

Review:

1. **Interested and required parties will participate in educational programs offered to provide information on the dangers of sport related concussion.**

Prevention:

Prior to each sporting season, a team meeting is recommended to be convened by the Head Coach of each sport or as part of a seasonal meeting initiated by the school Athletic Director. A portion of this meeting should include a review of the information and consent form on sports related concussion, **Form (EL3CH)** from the FHSAA. This discussion can be lead by knowledgeable members of the medical community, the Head Coach or Athletic Director. Attendance will be strongly encouraged at this meeting; however, if the athlete and/or parent/guardian's are unable to attend they will be directed to the list of resources available through the Jacksonville Sports Medicine program for educational information regarding sports related concussion.

- Coaches should be completely versed in appropriate sizing and fitting of all protective equipment (e.g., helmets). Athletes or parents who feel any protective equipment is not properly sized or maintained should immediately request the sizing or equipment be rechecked. Students participating in sports that utilize helmets must understand that many factors influence proper helmet fitting, including hairstyles. These factors should be considered and addressed prior to final helmet fitting.
- Coaches should educate players on any rules of the sport that promote safety and protect athletes from injury, and emphasize why these rules are in place.
- Coaches should also instruct players and reinforce the proper fundamental skills that help protect them from head or other injury.

When practical, the School will encourage a baseline neuropsychological assessment. This assessment has been demonstrated as a useful tool for physicians in the event of a concussive head injury; especially, when determining readiness to return to competition. These assessments might be offered at local medical facilities or through the licensed athletic training staff at the School. This assessment may consist of computer based assessments, SCAT3, or other balance – reaction assessments and may be offered as a part of the pre-participation athletic screening. There may be a fee associated with these assessments.

Review:

1. **Student should participate in team meeting with the inclusion of sports related concussion discussion or review information provided through JSMP references.**
2. **Coaches properly fit protective equipment for athletes.**
3. **Coaches review safety rules and teach proper fundamental skills and techniques to help prevent injury.**
4. **Encourage baseline neuropsychological assessments, as practical.**

Baseline Neuropsychological Assessment (ImPACT testing)

The Duval County Public Schools Concussion program is funded through a grant provided by Baptist Community Health from March 2013 – March 2015. The grant is administrated by the Jacksonville Sports Medicine Program (JSMP). ImPACT is the selected program of choice for assessment purposes.

Participants:

Student athletes will access this assessment option through the school-based licensed athletic trainer.

All athletes are eligible for the assessment; however, athletes participating in contact, high risk or collision sports are strongly encouraged to take this assessment.

A parental consent form is required to participate in the assessment and will be kept on file as part of the athlete's athletic medical records. It is advised this be a standard part of the athlete's pre-participation paperwork.

About the Assessment:

The program will provide baseline assessments, ideally prior to any participation in sports. The assessment is repeated every other year provided a head injury did not occur within the two active years. The student athlete can request a copy of the baseline printed report at any time; otherwise, the data will remain within a secure database in the event it is needed in the future. The athlete will be provided with a reference card with demographic information about the assessments as well as general concussion education.

Post injury assessments will be made available at the request of the treating physician, the team physician or the licensed athletic trainer as defined within the operational protocol signed by the supervising physician.

- Only a trained health care professional (MD/DO) with experience and training in concussion management should interpret the results of baseline or post injury exam.
- When possible, ideally a neuropsychologist should interpret the computerized neuropsychological assessment components of a baseline exam.
- Results of neuropsychological assessments **should NOT** be used as a stand-alone diagnostic tool, but should serve as one component used by physicians (MD/DO) to make return to school and play or other management decisions.

Assessment Procedure:

These assessments will be conducted primarily utilizing school based computer labs and administered by the school-based licensed athletic trainer in conjunction with the head coach(s) and the athletic director. The primary assessment administrator should be trained in the assessment process via JSMP.

1. Assessment administrator will introduce themselves and explain the purpose of the education and assessment.
 - Pre & post assessment with short educational video (note there may be some things that need clarification ie: we do not use yellow jersey, hockey intro but applies to all, etc.)
 - To acquire a baseline assessment should you ever suffer a concussion as a means of measurement
2. Ideally, athletes should be spaced at every other computer terminal to allow for minimal distractions. Coaches should be present to proctor the exam, as needed.
3. Re-boot computer to clear any other programs that may be running.
4. A brief education session for the athletes should be conducted utilizing the Concussion 101 video or similar presentation in conjunction with a pre & post assessment prior to the start of the ImPACT assessment. This may also be a part of parent & athlete orientation.
5. Provide assessment demographic card for each athlete taking the assessment.
6. Athletes will log-on using their school assigned login & password unless otherwise instructed
7. Use only Internet Explorer and desktop computers for assessment purposes.
8. Administer assessment by accessing www.impacttestonline.com/testing
9. Enter Access ID Code: **FC9D81EE16**
10. Complete demographic pages as a group.
11. Medical questions should be completed independently; then STOP
12. Explain and read the instructions and begin assessment together.
13. The assessment administrator reviews assessments completed in this sessions by:
14. Log into www.impacttest.com and log into customer center with user name and password
15. In the middle folder section, choose organizational report.
16. Select your report parameters based upon your needs. (i.e. Name, assessment date (use 1 day prior – 1 day past actual date), gender (both), test type (select both Baseline and baseline ++)) and sport)
17. Verify validity and reschedule athletes who did not obtain a valid score. **An invalid assessment will be listed as (++)**
18. **Submit JSMP demographic form within two weeks of assessment.**

Scheduling and frequency:

Assessment opportunities should take place about three times each school year. The scheduled dates should correspond with the three sports seasons. (fall, winter and spring) Baseline assessments are recommended every two years for ages 13 and older and annually for those aged 12 and below.

Training:

All potential assessment administrators, including athletic trainers must undergo annual training in these assessment procedures. Each person responsible for administering the assessments will be issued secured log-in credentials and passwords.

For assessment please use: www.impacttestonline.com/testing

For administrative functions please use: www.impacttest.com and sign in with your credentials in the customer care section. This section will allow you to view and print reports.

- All involved are required to maintain and respect athlete / patient confidentiality at all times.
- Assessment results are only to be shared with the parent and licensed healthcare providers MD / DO / ATC for their intended use.

Recognition/Evaluation:

If an athlete has reported a head injury or if any member of the athletic staff has witnessed a head related injury, the affected athlete will immediately be removed from the activity. The athlete will be required to receive a medical evaluation of the injury by an appropriate health care provider. (MD / DO)

- The coach is responsible for communicating this information to the parent(s)/guardian.

Review:

1. **If injury occurs, athlete is immediately removed from activity.**
2. **Athlete is required to receive a physician evaluation if exhibiting signs/symptoms of concussion.**
3. **Coach notifies parent(s)/guardian**

If Licensed Athletic Trainer (ATC) is present:

An initial sideline injury assessment will be performed which includes evaluation of subjective symptoms, memory/recall and balance. A determination is then made regarding any concussive findings. If a concussion is suspected: **(When in doubt, sit them out)** The athlete is further removed from activity until medically cleared by a physician. (MD/DO). Emergency (EMS) transport should occur for athletes who have any; but, not limited to the following symptoms: *suspected cervical spine injury, prolonged loss of consciousness, inability to stand/walk, any focal neurological symptoms (dilated pupil, persistent weakness, numbness or parasthesia, slurred speech), deteriorating symptoms/status, severe or worsening headache, repeated vomiting, seizure activity, or unsteady gait.*

Next:

1. The SCAT3 assessment is a recognized evaluation and scoring tool for concussion and is required to be completed *as soon as practical*. Complete this evaluation in duplicate for your records or copy prior to releasing to student.
2. Complete a concussion information sheet
3. Provide documents to athlete/parents and direct them to obtain physician evaluation.
4. Educate the parents and athlete on early recovery strategies, (physical and cognitive rest) as well as the Florida statute requirements for physician evaluation and medical clearance; including the forms required by the FHSAA.
5. Record the injury in the injury reporting database.
6. Notify team physician of the injury as soon as practical.
7. Notify athletic director, coach and Principal of injury as soon as practical.

The athletic trainer will make available the injury information to parents/guardian, the athletic director, coach and Principal. This notification is necessary to appropriately withhold the athlete from further physical activity as well as to provide information to the school administrators in the event the injury may require academic accommodations through the order of a physician.

Per Florida Statute, for all suspected concussive injuries, the athlete is required to be evaluated by a physician (MD or DO). When referring an athlete to a physician, a Northeast Florida Regional Sports Concussion Task Force (NEFRSCTF) packet should accompany the athlete for the

physician to review. In addition, any evaluation tool (SCAT3) used; including, any subjective or objective findings should be sent with the athlete to deliver to the treating physician.

The physician will review the paperwork; and, when appropriate, indicate when the athlete is cleared to begin a stepwise return to activity progression by completing the **FHSAA form (AT18 pg. 1)**. The athlete must provide this document to the school to guide further management of the individual concussion incident. Upon return to school, the completed AT18 form must be presented back to the licensed athletic trainer for further care considerations.

Once the signed *AT18 pg. 1* is received, the student-athlete may begin the stepwise return to play protocol under the supervision of the athletic trainer, coach or other health care provider. Each step should take at least 24 hours to complete. If the athlete experiences a return of any concussion symptoms they must immediately stop activity, wait at least 24 hours or until asymptomatic, and drop back to the previous asymptomatic level. This protocol must be performed under supervision, and the form initialized as indicated.

Upon successful completion of the protocol, **FHSAA form (AT18 pg. 1)** is then returned to the athlete's physician for review and re-evaluation if necessary. The treating physician may or may not require an additional visit prior to completing **FHSAA form (AT18 pg. 2)** for full return to competition. This Form (**AT18 pg. 1 & pg. 2**) will be kept on file in the athlete's athletic medical records.

- ❖ *The Licensed Athletic Trainer is the on-site healthcare professional with the responsibility and authority to withhold the athlete from practice or competition if they believe the athlete is at further risk of injury. The Licensed Athletic Trainer works under the direction of a supervising physician via a written operational protocol.*

Post Injury Care & Communication:

1. All athletes suspected of sustaining a sports related concussion must comply with the FHSAA Concussion Action Plan

The SCAT3 is a useful examination tool and is required to be completed at the time of injury, as practical. A copy of the SCAT3 or other evaluation report should accompany an injured athlete to the MD/DO for their initial evaluation.

The absence of a formal injury evaluation tool does not alter the FHSAA Concussion Action plan process.

2. All concussions must be evaluated by a licensed MD /DO and return to play decisions are to be made by a licensed MD /DO. The FHSAA AT-18 parts 1 and 2 are both to be completed and signed by a licensed MD / DO prior to beginning a return to play protocol and competition respectively.

Baseline assessment results should accompany athlete along with the SCAT3, as available. Post injury assessments via ImPACT will be made available to athletes as ordered by treating physician or team physician.

- Post Injury assessments are recommended to be taken between 24-72 hours post injury.
- Subsequent assessments are to be performed, as advised, by the MD/DO as symptoms resolve.

- ❖ *The Licensed Athletic Trainer is the on-site healthcare professional with the responsibility and authority to withhold the athlete from practice or competition if they believe the athlete is at further risk of injury. The Licensed Athletic Trainer works under the direction of a supervising physician via a written operational protocol.*

- ❖ *Your schools concussion program and chain of communication should include cooperation between the licensed athletic trainer, principal, athletic director, coach, athlete, and parent/guardian and others as deemed necessary.*
- ❖ *Assessment information should be treated as personal medical information and treated appropriately in regard to patient privacy.*

Review:

- 1. Initial injury assessment and procedure consistent with ATC operational protocol.**
- 2. If a concussion is suspected, a SCAT3 assessment will be completed at the time of injury by ATC**
- 3. Initiate concussion care packet**
- 4. Begin stepwise protocol upon receipt of initial clearance**
- 5. Receive return to competition paperwork.**

If a Licensed Athletic Trainer is NOT present:

It is the responsibility of the coach to notify the parent(s)/guardian about an athlete's injury and review the requirement regarding physician evaluation. This should be done in emergency and non-emergency situations, or whenever a question of injury occurs.

Coaches:

1. Should recognize an injury has occurred and immediately remove an athlete from activity.
2. Administer first aid as trained or call for EMS assistance.
3. Notify parents and review state statute requirements for evaluation and return to play.
4. Do not allow athlete to return to play on the same day of a suspected head injury or without proper medical clearance.

The Coach should provide a Northeast Florida Regional Sports Concussion Task Force (NEFRSCTF) packet to the athlete and parent(s)/guardian for the physician to review and use to initiate management strategies for the athlete.

The physician will review the paperwork; and, when appropriate, indicate when the athlete is cleared to begin a stepwise return to activity progression by completing the FHSAA form (AT18 pg. 1), the athlete must provide this document to the school to guide further management of the individual concussion incident. Upon return to school, the completed AT18 form must be presented back to the athletic trainer/coach/athletic director for further care considerations.

Once the signed AT18 pg. 1 is received, the student-athlete may begin the stepwise return to play protocol under the supervision of the athletic trainer, coach or other health care provider. Each step should take at least 24 hours to complete. If the athlete experiences a return of any concussion symptoms they must immediately stop activity, wait at least 24 hours or until asymptomatic, and drop back to the previous asymptomatic level. This protocol must be performed under supervision, and the form initialized as indicated.

Upon successful completion of the protocol, FHSAA form (AT18 pg. 1) is then returned to the athlete's physician for review and re-evaluation if necessary. The treating physician may or may not require an additional visit prior to completing FHSAA form (AT18 pg. 2) for full return to competition. This Form (AT18 pg. 1 & pg. 2) will be kept on file in the athlete's athletic medical records.

Post Injury Care & Communication:

All concussions must be evaluated by a licensed MD /DO and return to play decisions are to be made by a licensed MD /DO. The FHSAA AT-18 parts 1 and 2 are both to be completed and signed by a licensed MD / DO prior to beginning a return to play protocol and competition respectively.

Review:

1. Call home to inform parent(s)/guardian of the injury and requirements of returning to activity.
2. Provide a Northeast Florida Regional Sports Concussion Task Force (NEFRSCTF) packet
3. Supervise a stepwise protocol once clearance has been received from physician.

RETURN TO PLAY

Prior to any return to activity *following a concussion*, an athlete must be medically cleared by a qualified physician (**MD/DO**) and the proper forms (**AT18**) must be on file. Based upon written operational protocols, the volunteer "team physician" may be willing to provide this documentation; however, in many cases this plan may require the family health care provider or treating physician to complete these forms.

- ❖ ***The volunteer team physician, licensed athletic trainer, or school representatives reserve the right to withhold any student athlete from activity, if symptoms persist or if current guidelines for sports concussion management were not appropriately followed by the independent health care provider or facility.***

Prior to return to play the athlete must complete a stepwise return to play protocol and have on file **FHSAA form (A18 pg.1)** and the **return to competition form (AT18 pg.2)** from the FHSAA.

- ❖ *The Licensed Athletic Trainer is the on-site healthcare professional with the responsibility and authority to withhold the athlete from practice or competition if they believe the athlete is at further risk of injury. The Licensed Athletic Trainer works under the direction of a supervising physician via a written operational protocol.*

Review:

1. **Must be cleared by physician to begin initial return to play (stepwise progression)**
2. **Must complete supervised stepwise progression (minimum 4 full days (96hrs) prior to return to competition)**
3. **Student athlete must have FSHAA form (AT18) on file in athletic directors office**
4. **Once all paperwork is on file, the volunteer team physician will make the final decision on return to competition.**

Further resource information is available through ImPACT at www.impacttest.com

Questions or concerns please contact ImPACT at 1-877-646-7991 / www.impacttest.com or Jim Mackie 904-202-5320 or 904-477-9291

Academic Accommodations and Plan

While recovery is being tracked for athletic purposes, the student-athlete is faced with the challenge of maintaining pace in the classroom. Post concussive symptoms often interfere with a student-athlete's ability to do academic work, participate in the classroom setting and function interpersonally with peers and parents. Fatigue and sleep disruption may leave the student-athlete without mental energy and cognitive deficits can exist even in the case of the athlete reporting to be symptom free.

The key issue is that the prescribed treatment for concussion currently is physical and cognitive rest. For a student with post concussive symptoms lasting only a few days, this situation may not be much different than being out sick with a short term illness. When symptoms are prolonged, however, the student cannot so easily make up work due to the chance this may exacerbate symptoms. The coordinated efforts of teachers, the guidance counselor, the school nurse, and sometimes other school personnel, working in conjunction with the student, parent, coaches, athletic trainers and physicians may be needed to intervene in this recovery process. A careful plan, balancing rest with academic work established as an individual plan that prioritizes academic work and uses appropriate, temporary, evolving accommodations allows a student to progress as symptoms improve.

Some items to consider when formulating an individual plan include, but are not limited to:

1. *Excused absence from class*
2. *Rest periods during the school day*
3. *Extension of assignment deadlines*
4. *Postponement or staggering of tests*
5. *Excuse from specific tests and assignments*
6. *Extended testing time*
7. *Accommodation for oversensitivity to light, noise or both*
8. *Avoidance of physical exertion*

If coaches are aware of a student-athlete who has suffered a concussion, they should notify the Principals office who will alert appropriate personnel to monitor the academic progress and demands that are placed on the student-athlete during an appropriate recovery time. Should any concerns be raised the Principal or designee will request a parent conference to discuss an individualized plan for academic accommodation if authorized by the treating physician.

- *Testing information should be treated as personal medical information and treated appropriately in regard to patient privacy.*