

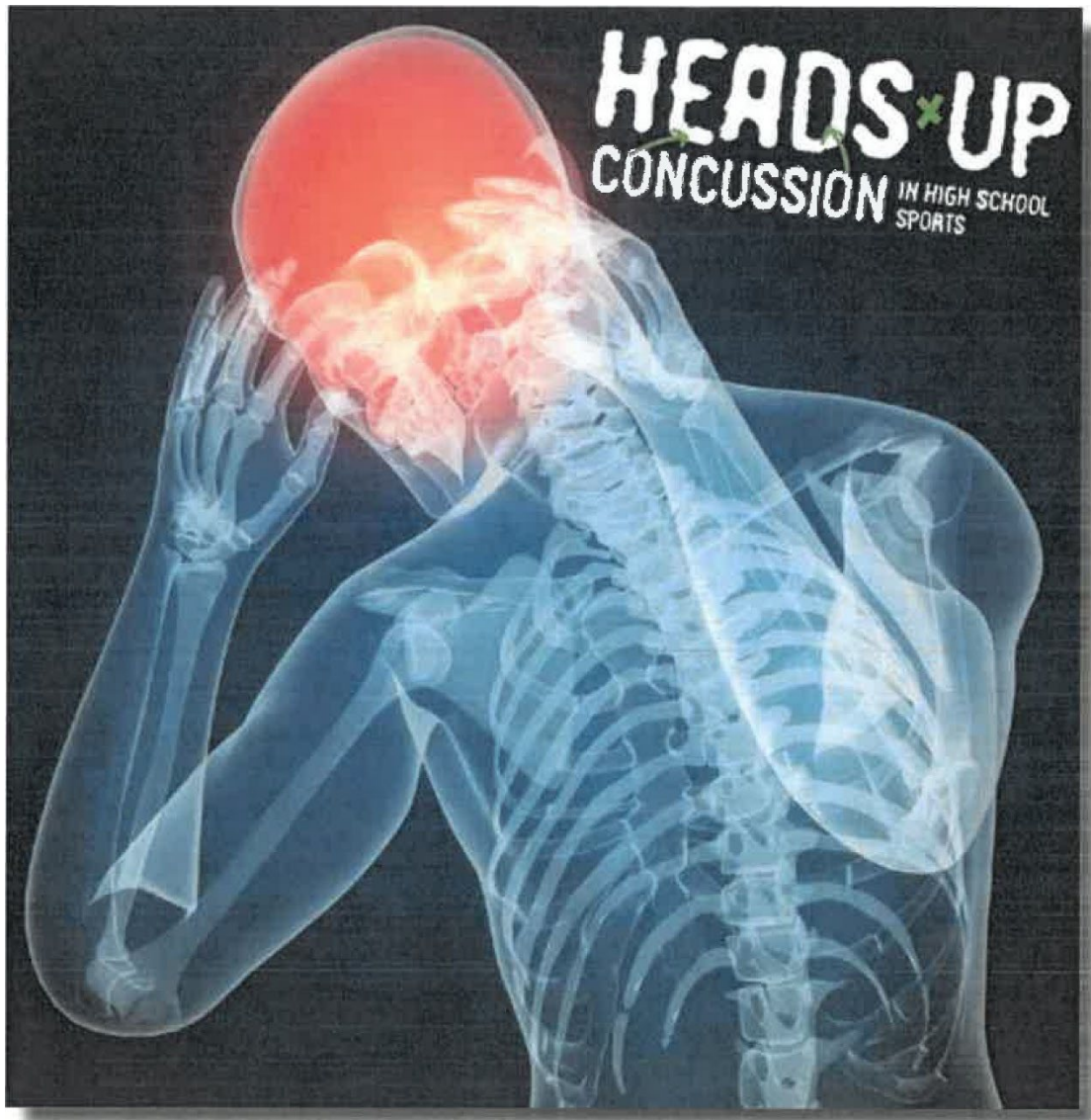
PROVIDENCE CATHOLIC HIGH SCHOOL

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Athletic Department

Concussion Management Plan & Policy



Protecting the Health of all Student-Athletes

Concussion Management Plan & Policy

Introduction

In an effort to safeguard our student-athletes from traumatic Brain Injuries/Concussions, Providence Catholic mandates strict guidelines for the management, treatment, and return to play criteria for all student-athletes who participate in extracurricular activities and sports.

Mandatory IMPACT Testing is used to establish baseline scores as they relate to subjective complaints as well as cognitive processing, memory, reaction time and other criteria established by IMPACT. The computerized exam is given to all athletes before beginning practice, contact or competition. It is a noninvasive test set up in a video game style format and takes about 15 to 20 minutes to complete. If a concussion is suspected, the student will be required to retake the test. Both the preseason and post injury test data may be given to a neurologist or neurosurgeon to help evaluate the injury. This information can be shared with the student's family doctor. All student-athletes will be required to take a baseline test during the first week of their practice season. Student-athletes will not be permitted to participate until baseline test scores have been established and recorded.

A zero-tolerance policy is enforced for student-athletes, parents or coaches who attempt to hide the signs and symptoms of an athlete's concussion or fail to report a concussion to the athletic trainer.

The Athletic Participation & Concussion Management Contract is a binding contract and must be signed by parents and students as an understanding and acceptance of the guidelines, responsibilities and the "return to play" criteria. The contract is available on the PCHS website (select the about/forms link).

Return to Learn

As of August 2016, the IHSA introduced a new portion to the concussion law known as Return to Learn. Under this policy, a physician must provide the RTL protocol based on the student-athlete's symptoms and cognitive evaluation. The physician may recommend one day of full rest or shortened school

days. Before the student-athlete is allowed to progress to the RTP protocol, they must be able to attend a full day of school, have no symptoms for 48 hrs., and provide a clearance note from the physician. However, every individual is different so modifications may be necessary.

The decision of whether or not a student athlete will be allowed to return to play after being diagnosed with a concussion, or is believed to have received a concussion will be determined by this policy:

Return to Play Policy

1. In accordance with IHSA rules and Illinois state law, any student-athlete suspected of a concussion must be evaluated and obtain a release form from a licensed physician (MD, DO). No form from NP, PA, or Chiropractor will be accepted. If the student-athlete did not suffer a concussion the release form must clearly state that information, otherwise these return to play guidelines will be implemented.
2. Impact test scores will be recorded 24-72 hours after suspected head injury or concussion, if possible. These scores will be compared to baseline scores and be made available to parents, student-athletes and attending physicians. Impact tests must be normal when compared to baseline test results for a student-athlete to progress to the next step in the return to play process. Student-athletes must be asymptomatic when beginning the following exertion/exercise components.
3. For each of the exertion/exercise components the student-athlete must remain asymptomatic and cannot progress to the next step without waiting 24 hours between each step.

step 1: Exertion/exercise component; 20-30 minutes of stationary bicycling or walking on a treadmill.

Step 2: Sport specific exercise and drills (skating in hockey, running in soccer, dribbling shooting in basketball, technique drills in football).

- Step 3: Full practice no contact.
- Step 4: Full practice with contact.
- Step 5: Return to competition/game.

Symptoms

May include one or more of the following:

- Headaches/pressure in head"
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

If at any time the student-athlete experiences reoccurring signs and symptoms of a concussion, the athlete will wait 24 hours and return to the previous step in the protocol and progress according to the above steps.

Concussion: The Facts

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, jolt to the head or a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of a concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of a concussion or if you notice the symptoms or signs of concussion yourself, seek medical attention immediately.

Signs observed by teammates, parents and coaches include:

- **Appears dazed**
- **Vacant facial expression**
- **Confused about assignment**
- **Forgets plays**
- **Is unsure of game, score, or opponent**
- **Moves clumsily or displays incoordination**
- **Answers questions slowly**
- **Slurred speech**
- **Shows behavior or personality changes**
- **Can't recall events prior to hit**
- **Can't recall events after hit**
- **Seizures or convulsions**
- **Any change in typical behavior or personality**
- **Loses consciousness**

Adapted from the CDC and the 3rd international Conference on Concussion in Sport Document created 7/1/2011

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Common Questions

What should I do if I think my child has suffered a concussion?

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete should return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches, or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches. This must be done prior to returning to play or practice following a concussion, or after being removed from an interscholastic contest due to a possible head injury or concussion. In accordance with state law, all IHSA member schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete should sit out.

What can happen if my child keeps playing with a concussion or returns too soon?

Athletes with the signs and symptoms of a concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to the student-athlete's safety.

For current and up-to-date information on concussions, please visit:

www.cdc.gov/headsup/

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