

LINCOLN PARK PERFORMING ARTS CHARTER SCHOOL

One Lincoln Park

Midland, Pa 15059

BOARD OF TRUSTEES CONCUSSION POLICY AND PROCEDURES

Student Athletic Related Concussion/Mild Traumatic Brain Injury

The Board of Trustees of Lincoln Park Performing Arts Charter School recognizes the necessity for the development, establishment, and implementation of policies, protocols and programs for the prevention, detection, and treatment of Sports related concussion/mild traumatic brain injury.

The Center for Disease Control and Prevention estimates that as many as 3.8 million sports and recreation related concussions occur in the United States each year. In mid-November of 2011, Pennsylvania Governor Tom Corbett signed the Act of Nov. 9, 2011, P.L.411, No. 101, known as the Safety in Youth Sports Act, into law. 24 P.S. 5321, et. seq. This law makes certain requirements of Pennsylvania schools and the personnel who supervise the student athletes who represent these schools, as well as the medical personnel who support them when there is an injury. It is within this framework that this Policy is deemed necessary.

Purpose

*Lincoln Park Charter School seeks to provide a safe return to activities and/or school for all athletes after injury, particularly after a concussion. Lincoln Park has established this protocol to outline procedures for staff to follow in managing concussion, and outlines school procedures as it pertains to return to activity issues following a concussion that are in compliance with the PA Safety in Youth Sports Act of 2011.*

Definitions

Appropriate Medical Professional:

- (1) A licensed physician trained in the evaluation and management of concussions or a licensed or certified healthcare professional trained in the evaluation and management of concussions and designated by such licensed physician.*
- (2) A licensed psychologist neuropsychological trained in the evaluation and management of concussions or who as post-doctoral training in neuropsychology and specific training in the evaluation and management of concussions.*

Athletic Activity

- (1) Interscholastic athletics*
- (2) An athletic contest or competition, other than interscholastic athletics, that is sponsored by or associated with a school entity, including club-sponsored athletic activities and sports activities sponsored by school affiliated organizations.*

(3) *Practices, interschool practices and scrimmages for all activities listed above.*

#### Goals for Coaches/Instructors

1. Once each school year, the coach shall complete the concussion management certification training course offered by the Center of Disease Control and Prevention, the National Federation of State High School Associations or another provider approved by the Pennsylvania Department of Health. A coach shall not instruct an athletic activity until that person completes the training course required under this subsection and proof thereof is provided to the Principal and Chief Executive Officer.
2. Prior to the start of season, the coach will hold an informational meeting for all *students participating in the current athletic activity* regarding concussion management and how pre-season baseline assessments can aid in the evaluation, management and recovery process. These meetings may include parents, guardians, coaches, physicians, neuropsychologists, athletic trainers and physical therapists. During this meeting, the importance of preseason baseline cognitive function tests shall be discussed.
3. *Students and parents will be educated on the importance of taking responsibility for reporting their child's sign and symptoms to the coach/instructor or athletic trainer.*

#### Concussion Management Goals for Students/Parents

1. Each student and a parent or guardian must annually read and sign a *Concussion Awareness Acknowledgement Statement* before the student participates in practice. The information sheet will include materials from the Center for Disease Control and Prevention's Heads Up program.
2. *Each student involved in athletic activities will complete a baseline impact test annually.*
3. *The parents/guardians are encouraged to inform the school nurse of any head injury sustained outside of school to reassure proper care of student during school hours.*

#### Removal from play/participation upon exhibiting concussion symptoms

Student athletes who are exhibiting any of the signs or symptoms of a concussion or other head injuries during play shall be immediately removed from play and may not return to play until he/she is evaluated and cleared for return to participation in writing by an appropriate medical professional.

Authority is granted to game officials, the coach, sponsors, athletic trainer, licensed physician, licensed physical therapist, *certified school nurse* or other individual trained in the recognition of the signs and symptoms of a concussion and designated by the school, to determine that a student athlete exhibits signs or symptoms of a concussion or traumatic brain injury.

Some of the signs and symptoms are as follows:

Signs of concussion:

1. Appears dazed, stunned, or disoriented, demonstrates decreased alertness
2. Forgets plays or demonstrates short term memory difficulty
3. Slurs words
4. Exhibits difficulties with balance or coordination
5. Answers questions slowly or inaccurately
6. Exhibits seizures and/or vomiting
7. Changes in level of consciousness (estimates are that <10% of concussion result in the loss of consciousness)

#### Symptoms of concussion

1. Headache
2. Nausea
3. Balance problems or dizziness
4. Double vision or changes in vision
5. Sensitivity to light, sound and/or noise
6. Feeling sluggish or foggy
7. Difficulty with concentration and short term memory
8. Sleep disturbance
9. Irritability or changes in personality and behavior

#### Concussion Management Protocol

1. *Emergency Management*
  - a. *The student will be transported to the nearest medical facility by EMS if any of the following signs/symptoms are noted:*
    - Deterioration of neurological function*
    - Decreasing level of consciousness*
    - Abnormally unequal, dilated or unreactive pupils*
    - Any signs or symptoms of associated head/neck injuries, spine or skull fractures or bleeding*
    - Mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation*
    - Weakness or numbness*
    - Cranial nerve deficits*
  - b. *Any student with a witnessed loss of consciousness of any duration should be spine boarded and transported immediately to nearest emergency department via emergency vehicle.*
2. *Acute management*
  - a. *Any athlete who is stable and exhibits signs or symptoms may be transported by his/her parents/guardians.*
  - b. *If a team physician or Certified Athletic Trainer is present at the event, the athlete will be referred to that individual to have a concussion evaluation performed.*

- c. *After examination by the physician or Certified Athletic Trainer, no athlete who is suspected to have suffered a concussion shall return to participation on the same day; return on the same day will only be allowed if the team physician and/or athletic trainer determines that no concussion or other brain injury has occurred and that it is safe to return to participation.*
- d. *If a physician or Certified Athletic Trainer is not present at the event, the head coach for the sport will be responsible for keeping the athlete out of competition for the day and contacting the parents of the athlete.*
- e. *Any athlete who is exhibiting concussion symptoms must have their parents/guardian notified.*
- f. *The injured student should be released only to the direct supervision of the parent/guardian unless arrangements have been made.*
- g. *ALWAYS give the parents the option of emergency transportation.*
- h. *Any athlete who demonstrates signs and symptoms of a concussion will not be permitted to participate until cleared.*

#### Guidelines and Procedures for Coaches/Instructors

1. Recognize concussion  
*All coaches/instructors will become familiar with the signs and symptoms of concussion that are described above through the annual training*
2. Remove from activity
  - a. *Any athletic activity participant who exhibits signs, symptoms, or behaviors consistent with a concussion will be immediately removed from activity and will not return to participate until notified by the certified athletic trainer or certified school nurse that the student has been cleared for full return of activity in writing by an appropriate medical professional.*
  - b. *The coach, in absence a certified athletic trainer or the school nurse, is responsible for notifying the student's parent/guardian of the injury. The coach, athletic trainer or nurse is to remain with the student until the parent/guardian arrives.*
3. Refer the student for medical evaluation
  - a. *Contact the parent/guardian to inform them of the injury.*
  - b. *Provide parent/guardian with Notification of Probable Head Injury information Sheet.*

#### Penalties

*In accordance with the law, any coach who violates this procedure will be suspended from coaching any athletic activity for the remainder of that season. For a second violation, the coach will be suspended from coaching any athletic activity for the remainder of that season and for the next season. For a third violation, the coach will be permanently suspended from coaching any athletic activity.*

#### Follow Up Care During the School Day

1. *Responsibility of the school nurse*
  - a. *The student will be instructed to report to the school nurse and turn in appropriate paper work upon his/her return to school.*
  - b. *Create an individualized health care plan based on both the student's current condition and the recommendations of the physician.*
  - c. *Notify the student's guidance counselor, teachers, athletic trainer, athletic director and principals of the injury and the accommodations immediately.*
  - d. *Monitor the student as needed during the school day.*
2. *Responsibility of the student's guidance counselor*
  - a. *Communicate with the school nurse on a regular basis to help coordinate the academic needs of the student.*
  - b. *Communicate with the student's teachers regarding any concerns with the student's academics.*

*Return to Activity and Play (RTP) Procedures After Concussion*

*Return to activity and play is a medical decision.*

1. *Returning to participate on the same day of injury*
  - a. *A student who exhibits signs or symptoms of concussion, or has abnormal cognitive testing, should not be permitted to return to play on the day of the injury. Any student who denies symptoms but has abnormal cognitive testing should be held out of activity.*
  - b. *"When in doubt, hold them out."*
2. *Return to play after concussion*
  - a. *The student must meet all of the following criteria in order to progress to activity:*
    - \*asymptomatic at rest and with exertion (including mental exertion in school)*
    - \*within normal range of baseline on post-concussion Impact testing*
    - \*have a written clearance from an appropriate medical professional (student must be cleared from progression to activity by a physician other than an Emergency Department physician, Med Express or pediatrician if diagnosed with a concussion).*
  - b. *Impact test score must return to within normal range of baseline test for student to participate in activity.*
3. *Once the above criteria are met, the student will be progressed back to full activity following a stepwise process.*

<b>Step</b>	<b>Date</b>	<b>Activity</b>	<b>Tolerance/Comments</b>
1. <b>Light General Conditioning exercises.</b> (Goal: Increase hr).		Begin with sport/activity specific warm up. Do 15-20 minute workout- stationary bike, fast-paced walking or light jogging.	
2. <b>Moderate General Conditioning and Activity Specific</b>		Sport/activity specific warm-up. Slowly increase intensity and duration of workout to 20-30 minutes.	

<p><b>Skill Work; Individually.</b> (Goal: Add movement, individual skill work).</p>		<hr/> <p>Begin <b>sport/activity</b> specific skill work within the workout. No spins, dives, or jumps.</p>	
<p>3. <b>Heavy</b> General conditioning, skill work; individually and with teammates/classmates. <b>NO CONTACT</b> (Goal: Add Movement, team/classmate skill work)</p>		<p>Continue with general conditioning up to 60 minutes. Increase intensity and duration. Begin interval training.</p> <hr/> <ul style="list-style-type: none"> <li>- Continue individual skill work.</li> <li>- Begin <b>skill work with a partner</b> but with no contact (including lifts).</li> </ul> <p>Continue with individual skill work as per Step 2.</p> <ul style="list-style-type: none"> <li>- Begin beginner level spins, dives, and jumps.</li> </ul>	
<p>4. <b>Heavy</b> General conditioning, skill work, and team/class drills. <b>NO</b> live scrimmages or performances. <b>VERY LIGHT CONTACT.</b> (Goal: Team/class skill work, light static contact.</p>		<p>Resume regular conditioning and duration of activity.</p> <hr/> <ul style="list-style-type: none"> <li>- Increase interval training and skill work as required.</li> <li>- Gradually increase skill level of spins, dives, and jumps.</li> <li>- Review team plays/class/performance sequences with no contact.</li> <li>- <b>Very light contact</b> and low intensity on dummies.</li> <li>- May begin lifts with proper supervision.</li> </ul>	
<p>5. <b>Full Team/Class Practice with Body Contact</b></p>		<ul style="list-style-type: none"> <li>- Participate in a <b>full practice/class/rehearsal.</b></li> <li>- If a full practice is completed with no symptoms, return to competition/class/performance is appropriate.</li> <li>- Discuss with coach/teacher getting back into the next game/performance.</li> </ul>	

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

### Continued Care

Lincoln Park Performing Arts Charter School is aware that BrainSTEPS teams are available to virtually any secondary school in the Commonwealth and that these teams have been developed by the Brain Injury Association of Pennsylvania with funding from the Pennsylvania Department of Health and the Department of Education. BrainSTEPS teams are designed to support the staff, student, parents or guardians in a return to school after brain injury. These teams work with all parties to identify and implement appropriate accommodations and modifications to manage the student's symptoms and to support their learning needs throughout their secondary school career.

The school (e.g. teachers, school counselors, school nurse) and family should monitor the performance of the student closely for 2 weeks after the return to school. If the return to the classroom causes concussion symptoms to re-occur or if the student demonstrates uncharacteristic performance (e.g. reduced attention span, inability to take tests, acting out in class). The school should initiate a formal referral to the local BrainSTEPS team ([www.brainsteps.net](http://www.brainsteps.net)).