



## **Eugene School District 4J Concussion Management Policy**

Our knowledge of concussions continues to increase and our treatment evolves based on the newest research. Cognitive and physical exercise has been shown to increase symptoms and slow recovery. The following are procedures for school staff to follow in managing concussions within their student population.

4j School District seeks to provide a safe return to academics and activities for all students after concussive injury. In order to effectively and consistently manage these injuries, the 4j School District staff abide by the following procedures that have been developed to aid in insuring that concussed students are identified, treated and referred appropriately, receive appropriate follow-up medical care during the school day, including academic assistance, and are fully recovered prior to returning to cognitive and physical activity.

The 4j School District concussion management team may include: school nurse, certified athletic trainer, counseling staff, school psychologist, administrator, TBI coordinator, and the student's teachers.

A student who requires an individualized health plan and/or coordinated approach to managing a concussion at school, will have his plan reviewed on a yearly basis by the school nurse and the certified athletic trainer. Any changes or modifications will be reviewed and given to appropriate school personnel in writing.

### **Contents:**

1. Recognition of concussion
2. Management and referral guidelines for all staff
3. Follow-up care during the school day
4. Procedures for athletics
  - a. ImPACT
  - b. Coaches
  - c. Certified athletic trainer
5. Return to academics/activities
6. Associated forms

### **RECOGNITION OF CONCUSSION**

Common signs (observed by others)

1. Student appears dazed or stunned
2. Confusion
3. Memory difficulties
4. Moves clumsily



5. Balance problems
6. Personality changes
7. Responds slowly to questions
8. Loss of consciousness

Common symptoms (reported by student)

1. Headache
2. Fatigue
3. Nausea or vomiting
4. Vision disturbances
5. Sensitivity to light
6. Sensitivity to noise
7. Feels sluggish
8. Feels “foggy”
9. Problems concentrating

These signs and symptoms (either singular or in combination) are indicative of possible concussion. School personnel are encouraged to utilize evaluation methods appropriate to their scope of practice and level of training.

**MANAGEMENT AND REFERRAL GUIDELINES FOR ALL STAFF**

1. Change 1 to: Call 911 if a student has a witnessed loss of consciousness of any duration from an injury. Staff will also contact parent or emergency contact.
2. Any student who has symptoms of concussion and who is not stable (condition is changing or deteriorating) is to be transported immediately to the nearest emergency department via emergency vehicle. Staff will contact parent or emergency contact.
3. Any student who is symptomatic but stable may be transported by his/her parent or emergency contact. The parent should be advised to contact the student’s primary care physician or seek care at the nearest urgent care/emergency facility on the day of the injury.
  - a. Always give parents the option of emergency transportation even if you feel it is not necessary.
  - b. Parents/emergency contacts should be given home and follow-up care instructions at this time.
  - c. Change to: At the time of injury, staff should inform the parent/emergency contact that the parent/guardian is to inform the school nurse or front office staff and coach of the student’s condition and any medical restrictions or orders that exist upon return to school.
4. Initiate contact with the concussion management team to report the injury.

**FOLLOW-UP CARE OF THE STUDENT DURING THE SCHOOL DAY**

1. Responsibilities of the school nurse after notification of student’s concussion
  - a. If needed, create an individual health care plan, for the student based on the student’s current condition, initial injury information, and physician’s directions



- b. For those students who have health care plans:
    - i. Send notification to the student's teachers regarding the health care plan
    - ii. Facilitate communication with the concussion management team.
- 2. Responsibilities of the student's school counselor
  - a. Monitor the student's need for academic accommodations. Make recommendations if necessary. Implement accommodations requested by treating physician.
  - b. Communicate with concussion management team regarding academic status and progress.

### **PROCEDURES FOR ATHLETICS**

ImPACT neuropsychological testing:

ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) is a research-based software tool utilized to evaluate recovery after concussion. ImPACT evaluates multiple aspects of neurocognitive function, including memory, attention, brain processing speed, reaction time, and post-concussion symptoms.

- 1. Baseline testing is required for all students who participate in football, boys soccer, girls soccer, volleyball, wrestling, boys basketball, girls basketball, cheer, baseball, and softball. Students who participate in cross country, dance, swimming, track and field, boys tennis, girls tennis, boys golf and girls golf may opt to participate in baseline testing free of charge. Baseline tests will be made available to students who are involved in club sports, but 4j schools reserve the right to charge these programs for this service.
- 2. Students will be expected to renew their baseline every two years.
- 3. Any student sustaining a concussion outside of athletic participation may receive post-injury ImPACT testing through the athletic department upon the request of the treating physician.

Responsibilities of the 4j School District coach:

- 1. Recognize
  - a. Complete yearly mandated concussion training. Certificate of completion should be kept on file with the school.
  - b. Using signs and symptoms, identify possible concussions during activity.
- 2. Remove
  - a. Any student exhibiting signs, symptoms, or behaviors of concussion should be immediately removed from activity and shall not return to play until evaluated by an appropriate health care professional.
- 3. Refer
  - a. Coaches should follow "REFERRAL GUIDELINES FOR ALL STAFF" when appropriate.



- b. Contact the certified athletic trainer as soon as possible for medical assessment and management and for coordination of home instructions and follow-up care. If AT is unavailable, leave a detailed message for him/her regarding the injury situation. Coaches should seek assistance from the host-site certified athletic trainer if at an away contest.

Responsibilities of the certified athletic trainer:

1. Coordinate baseline ImpACT testing of registered athletes.
2. AT on scene is the district medical subject matter expert and the sole decision maker regarding athlete's ability to continue to participate.
3. Conduct sideline assessment and determine if athlete is showing signs/symptoms of a concussion post incident. If not in attendance: AT may provide guidance to the coach if unable to personally attend the athlete.
4. Immediate referral to the athlete's primary care physician, a specialist, or emergency facility will be made when medically appropriate.
5. Contact athlete's parent/emergency contact in order to give written and verbal home and follow-up care instructions.
6. Notify concussion management team.
7. Administer post-concussion ImpACT testing.
8. Monitor the athlete during after-school activity and communicate progress and recommendations to the concussion management team and treating physician.
9. Coordinate the Return-to Play Protocol and give final clearance back to athletics participation. Note: Medical Clearance is determined by both the treating physician and the District's Athletic Trainer clearance. The district will be the final decision maker regarding clearance to play.
10. The athlete should see the AT daily for reassessment and instructions until he/she has progressed to unrestricted athletic activity.

### **RETURN TO ACADEMICS/ACTIVITIES**

1. Temporary academic accommodations may be implemented as soon as the student returns to school.
2. The concussion management team will work together to progress the student back to full-time school with no accommodations
3. Students in physical education courses should progress back to activity following the return-to-play protocol used in athletics

### **Return-To-Play Protocol:**

The Athletic Trainer, along with the treating physician, will determine the starting step based on the needs of the student



Step 1 - Complete cognitive rest. This may include staying home from school, limiting school hours, or other academic accommodations for several days. Activities requiring concentration and attention may worsen symptoms and delay recovery.

Step 2 - Return to school full-time.

Step 3 - Light exercise. **This step cannot begin until athlete is symptom-free and has received medical clearance for athletic activity.** Light exercise may consist of walking or riding an exercise bike.

Step 4 - Running. This may take place in the gym or on the field. No helmet or other equipment.

Step 5 - Non-contact training drills. Full equipment may be worn. Weight training may be resumed.

Step 6 - Full practice.

Step 7 - Game participation.

The athlete should spend adequate time at each step before advancing to the next step, generally a minimum of 24 hours. If post-concussion symptoms occur at any step, the athlete must stop the activity and the treating physician will be contacted in order to modify the treatment plan.