

# Millbury Memorial Jr./Sr. High School

## Concussion Guidelines

Updated August 2024

### Education & Prevention

1. Coaches
  - a. Coaches are required to complete yearly concussion educational trainings through NFHS
  - b. The Athletic Trainer will conduct informational training with the coaching staff during the pre-season coaches meeting
2. Students
  - a. The Athletic Director includes concussion informational packets in Family ID for all students to review with an informed consent form to be signed
  - b. The students will also listen to a brief informational session from the Athletic Trainer at the beginning of their season
3. Parents/Guardians
  - a. The Athletic Director includes concussion informational packets in Family ID for all parents/guardians to review with a consent form to be signed
4. Injury Information/Acknowledge Form
  - a. As stated, concussion information and informed consent forms are located on Family ID for students/parents to review and sign
  - b. Athletic Trainer will be notified if this is incomplete

### Baseline Testing

1. There is no current baseline testing being used.

### Emergency Management

1. Red flags for immediate referral to Emergency Room
  - a. Loss of consciousness for at least 60 seconds (911)**
  - b. Unusual behavior change
  - c. Increasing irritability
  - d. Weakness or numbness in arms or legs
  - e. Can't recognize people or places
  - f. Increasing confusion
  - g. Slurred speech
  - h. Repeated vomiting (911)**
  - i. Look very drowsy, cannot be awakened
  - j. Neck pain
  - k. Seizures (911)**
  - l. Headaches that worsen
2. Location of emergency equipment

- a. Emergency equipment will be located with the Athletic Trainer during the outdoor seasons. Equipment will include AED, C-spine collars, splints, etc and will be located in a large red bag.
- b. Emergency equipment will be located in the Athletic Training Room during the indoor seasons. Equipment will include AED, C-spine collars, splints, etc and will be located in a large red bag on the shelf.

### **Sideline Testing/Non-Emergent Care**

1. If a concussion is suspected, the coach will immediately pull the athlete from activity and refer to the Athletic Trainer for initial assessment.
2. The Athletic Trainer will perform the Sideline Assessment
  - a. If the Athletic Trainer suspects that the athlete has a concussion, the athlete will be removed from activity for the remainder of the day
  - b. If the athlete has any signs or symptoms of a concussion, the athlete will be removed from activity for the day
  - c. If the athlete does not have any signs or symptoms but cannot complete the physical exertion test, the athlete will be removed from activity for the day
3. If no Athletic Trainer is present, the coach will remove the athlete from activity
  - a. The coach will follow up with the Athletic Trainer regarding the injury
  - b. The coach may communicate the injury to the parents or ask that the Athletic Trainer do so
  - c. The coach will fill out the Initial Concussion Assessment via Google Forms that will be sent to the Athletic Trainer
4. Communication Tree
  - a. The athlete will be informed by the Athletic Trainer of the suspected diagnosis, at-home care, and process of the concussion protocol
  - b. The coach will be informed by the Athletic Trainer of the suspected diagnosis and subsequent removal from play
  - c. The parent/guardian will be contacted by the Athletic Trainer to be informed of the suspected diagnosis. Athlete will be sent home with a copy of the sideline assessment and at-home instructions. Also included is a form to be given to the medical provider that provides information about the school's return-to-learn and return-to-play protocols.
  - d. The school nurse will be notified regarding the suspected concussion and activate the school's concussion policy

### **Return-to-School**

1. Referral
  - a. The athlete must be referred for official concussion diagnosis as the Athletic Trainer cannot diagnose a concussion.

- b. The athlete/parent will be informed to refer the athlete to a physician for evaluation.
- 2. Accommodations
  - a. The athlete will check in daily (if at school/practice) with the Athletic Trainer to complete the symptom checklist. If the athlete stays home from school/athletics, the Athletic Trainer will keep in contact with the parents as to their status.
  - b. Any accommodations (ACE) requested by the physician will be sent to the nurse. The nurse will develop a Health Care Plan, based on physician recommendations, addressing educational accommodations needed and communicating this plan with appropriate school staff (I.e. school administrators, guidance counselors, teachers).
  - c. A written medical note from the physician will be sent to the nurse if the athlete is withheld from school and/or associated coursework. The athlete will be required to make-up missed assignments or tests at the convenience of the teacher and/or parent/guardian.
    - i. If the recommendation is to keep the athlete home from school, the parent will need to call the athlete in sick.

### **Return-to-Play (RTP)**

- 1. Criteria to enter into RTP
  - a. The Athletic Trainer will be implementing the early, symptom-limited activity RTP. This RTP has been recommended by the NATA in the concussion updates in March 2024. Return to school (part-time or full-time) is necessary to begin the RTP.
    - i. Early symptom-limited activity RTP
      - 1. Symptom-limited activity - daily activities that do not exacerbate symptoms (eg, walking), continued gradual reintroduction of work or school
      - 2. Aerobic exercise - Stationary cycling or walking at a slow to medium pace. May start light resistance training that does not result in more than mild and brief exacerbation of concussion symptoms. Goal is to increase heart rate.
      - 3. Individual sport-specific exercise (\*\*if training involves any risk of inadvertent head impact, medical clearance should occur before this step) - sport-specific training away from the team environment (eg, running, change of direction and/or individual training drills)
      - 4. \*\*Noncontact training drills - exercise to high intensity, including more challenging training drills (eg, passing drills, multiplayer training) that can integrate into a team environment
      - 5. Full-contact practice - participate in normal training activities

6. Return to sport - normal game play
  7. \*\*Note: Steps 4-6 should begin after the resolution of any symptoms, abnormalities in cognitive function, and any other clinical findings related to the current concussion, including with and after physical exertion. At this point, a medical clearance note from the physician is required.
2. The Athletic Trainer will supervise the athlete through the RTP protocol.
  3. RTP Protocol
    - a. Each stage will take a minimum of 1 day to complete.
    - b. Athlete will progress to the next step if they have only none or mild and brief exacerbation of symptoms (increase of  $\leq 2$  points on a 0-10 scale).
    - c. If at any time signs or symptoms should worsen beyond 2 points during steps 1-3 the athlete should stop activity for that day. If the symptoms are gone the next day, they may resume the RTP progression at the last step completed.
    - d. If signs or symptoms return during steps 4-6, the athlete should stop activity for that day. The next day, the athlete will resume the RTP progression at step 3 to establish symptom-free exercise. If symptoms return and don't resolve, the athlete should be referred back to his/her medical provider.
    - e. Outside of school activities (eg, coaching, club sports, etc) will not count as a step in the RTP.