

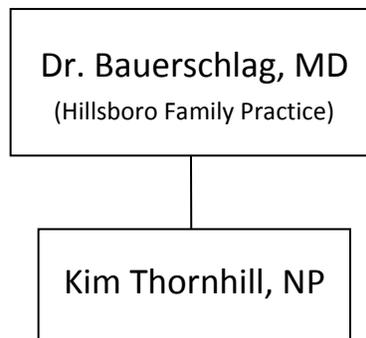


Covington ISD's Concussion Management Guidelines

BACKGROUND

The Covington ISD Administration and Athletic Department have developed and will implement the following Concussion Management Guidelines for the student athletes in Covington ISD. This comprehensive guideline is consistent with current standards of care and appropriate medical practices for the student athlete who suffers a concussion in sports. Developed and implemented by the Concussion Oversight Team (COT) illustrated below, the following guidelines are designed to facilitate a safe return to athletic activities for the student athletes of Covington ISD. The COT is committed to utilizing current standards and methods in its multidisciplinary approach to concussion management to include: SCAT2 symptom assessment tool, post cognitive examination by attending physician, and a progressive return to play protocol.

Concussion Oversight Team (COT)



Concussion Guidelines and Consent

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a “ding”, “getting your bell rung”, or what seems to be mild bump or blow to the head can be serious.

WHAT ARE THE SYMPTOMS?

Signs and symptoms of a concussion are typically noticed immediately after the injury; however some might not be recognized until days after the injury. Common symptoms include: headache, dizziness, amnesia, fatigue, confusion, mood changes, depression, poor vision, sensitivity to light or noise, lethargy, poor attention or concentration, sleep disturbances, and aggression. The individual may or may not have lost consciousness.

WHAT SHOULD I DO IF A CONCUSSION IS SUSPECTED?

Students who may have suffered a concussion should be removed from the athletic practice or game immediately. The student should be evaluated by the attending medical/paramedic staff (if in attendance) as well as a Licensed Physician. Students suspected of a concussion should not be allowed to return to play until appropriate medical clearance and return to play guidelines have been followed. The permission for return to play will come from appropriate health care professionals. You should also inform your child’s Coach, and/or school administrator, if you think that your child/player may have a concussion. When in doubt, the athlete sits out.

WHAT IF MY CHILD KEEPS PLAYING WITH A CONCUSSION?

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 under report symptoms of injuries and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

Post-Concussion Management Guide

PHYSICIAN RELEASE

Any student who is suspected of sustaining a concussion must be evaluated and released by a Licensed Physician. The student must also successfully complete the return-to-play protocol and post-concussion SCAT 2 test as defined by the Covington ISD Concussion Oversight Team. In addition, the athlete and parent/guardian will be required to sign a return to play authorization form.

CONCUSSION MANAGEMENT

The cornerstone of concussion management is physical and cognitive rest until symptoms resolve and then a graded program of exertion prior to medical clearance and return to play. During this period of recovery, while symptomatically following an injury, it is important to emphasize to the athlete that physical AND cognitive rest is required. **If you notice any change in behavior, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, immediately transport your child to the nearest hospital emergency department and please telephone the Covington ISD Athletic Department as soon as possible.**

GRADUATED RETURN TO PLAY PROTOCOL

Return-to-Play Protocol following a concussion follows a stepwise process as outlined herein. With this stepwise progression, the athlete should continue to proceed to the next level if asymptomatic at the current level. Generally, each step should take 24 hours so that an athlete would take approximately one week to proceed through the full rehabilitation protocol once they are asymptomatic at rest and with provocative exercise. If any post-concussion symptoms occur while in the stepwise program, then the patient should drop back to the previous asymptomatic level and try to progress again after a further 24-hour period of rest has passed.

Rehabilitation Stage Functional Exercise at Each Stage of Rehabilitation Objective of Each Stage

1. No activity, complete physical, and cognitive rest recovery.
 2. Light aerobic exercise - walking, swimming or stationary cycling. Keeping increase HR intensity ,70% MPHR; no resistance training.
 3. Sport-specific exercise - Skating drills in ice hockey, running drills in soccer; etc. Add movement with no head impact activities.
 4. Non-contact training drills with progression to more complex training drills, eg, Exercise, coordination, and cognitive load passing drills in football and ice hockey; may start progressive resistance training.
 5. Full contact practice following medical clearance. Participate in normal activity. Restore confidence and assess functional skills training activities by coaching staff.
 6. Return to normal game play
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Concussion Return-to-Play Consent

ACKNOWLEDGEMENT

The student athlete listed below has completed the Covington ISD return to play protocol after sustaining a concussion. By signing this form, I understand the dangers associated with returning to play prematurely following a concussion. I agree that I have provided a signed release from the treating physician authorizing my child's return to play. Furthermore, I certify that my son/daughter has successfully completed the Covington ISD Return-to-Play Protocol and I give my permission for him/her to return to sports competition. In addition, I agree to comply with any ongoing requirements in the Return-to-Play Protocol.

INFORMATION DISCLOSURE

The Family Educational Right to Privacy Act Of 1974 (FERPA) is a federal law that governs the release of a student's educational records, including personal identifiable information (name, address, social security number, etc.) from those records. Medical information is considered a part of a student athlete's educational record. Also, the Health Insurance Portability and Accounting Act of 1996 (HIPAA) allows the disclosure of information from treating physicians. This authorization permits the Athletic Department of Covington ISD to obtain and disclose information concerning my child's medical status, medical condition, injuries, prognosis, diagnosis, and related personal identifiable health information to the authorized parties listed below. This information includes injuries or illnesses relevant to past, present, or future participation in athletics.

IMMUNITY PROVISION

I do hereby agree to indemnify and save harmless the Covington ISD and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. Furthermore, I understand this policy does not:

1. Waive any immunity from liability of a school district or open-enrollment charter school or of district of charter school officers or employees;
2. Create any liability for a cause of action against a school district or open-enrollment charter school or against district or charter school officers or employees;
3. Waive any immunity from liability under Section 74.151, Civil Practice and Remedies Code;
4. Create any liability for a member of a Concussion Oversight Team arising from the injury or death of a student participating in an interscholastic athletics practice of competition, based only on service on the Concussion Oversight Team.

Athlete's Name (print) _____

Parent/Guardian's Name (print) _____

Parent/Guardian's Signature _____ Date: _____

Athlete's Signature _____ Date: _____