



**Bishop McNamara Catholic School
Athletic Department**

Concussion Management Plan & Policy

Protecting the Health of all Student-Athletes

Introduction

In an effort to safeguard our student-athletes from Traumatic Brain Injuries/Concussions, BMCS 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, beginning contact or sports practice 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 licensed physician to help evaluate the injury. All student-athletes will be required to take a baseline test and will not be permitted to participate until baseline test scores have been established and recorded.

Concussion Seminars

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 for failing 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 BMCS website, bishopmac.com. Parents should print, sign and send the contract back to the school. The decision as to whether or not a student-athlete will be allowed to return to play after being diagnosed with a concussion or a student-athlete who 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). **It is the policy of BMCS that the release must come from Oak Orthopedics.** 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.
 - 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.
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.

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 by 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.

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

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

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 on 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:

<http://www.cdc.gov/concussion/sports/>



Bishop McNamara Catholic School

Return-to Learn-Protocol

A student's best chance of full recovery from a concussion involves two critical components: cognitive and physical rest. Continued research has focused on the fact that cognitive rest is essential to the quick resolutions of concussion symptoms. Cognitive stimulation includes: driving, video games, computers, text messaging, cell phone use, loud and/or bright environments, television, reading and studying; these must be limited, and in most cases, completely avoided. Physical activity such as physical education, sports activities, and strength or cardiovascular conditioning must be regulated or avoided while recovering from a concussion.

Points of Emphasis:

- It is important to note that the recovery from a concussion is a very individualized process. Caution must be taken not to compare students with concussions as they progress through the recovery process. The information below is provided to teachers, parents and students as a guide to assist with concussion recovery.
- It is recommended that students who are experiencing concussion-like symptoms be examined by an approved OAK physician.
- For the academic protocol to be initiated, the student must be examined by a healthcare professional as defined by the Youth Sports Concussion Safety Act. And documentation must be provided the school.
- For every day the student is within Stages 1-3, they will be granted the same number of days to complete missed academic work.
- The student will be granted adequate time to complete missed academic work based on the amount of time need for complete recovery.
- The teacher has the option of assigning the student a grade of incomplete (I) for the quarter, final, and/or semester grade.
- It is important that once the student has returned to school that they report to the Athletic Trainer daily in order to monitor symptoms as well as to determine progression to the next stage within the Return-to-Learn protocol.
- As the student's recovery progresses through Stages 1-3, teachers should be prepared to apply "mastery learning" criteria within their subject matter. By identifying essential academic work, the student's recovery will be aided by reducing anxiety levels related to the perceived volume of work that will be required once they are medically cleared to resume a full academic load.

Suggested Four Stage Progression through Return-to-Learn and Return-to-Play Protocols

Stage 1: No school attendance, emphasize cognitive and physical rest

- Characteristics
 - Severe symptoms at rest
 - Abnormal ImPact results
 - Symptoms may include but are not limited to:
 - Headaches, dizziness, nausea, sensitivity to noise or light
- No notes, homework, quizzes, or test
- Students may be sensitive to light and noise
- Students may complain of intense and continuous/frequent headaches
- Students may not be able to read for more than 10 minutes without an increase in symptoms
- Provide student with copies of class notes (teacher or student generated)

Progress to stage 2 when:

- Decreased sensitivity to light or noise
- Decreased intensity and frequency of headaches
- Ability to do light reading for 10 minutes without increased symptoms

*Students who remain in Stage 1 for more than one week must be evaluated by a physician in order to continue academic modifications.

Stage 2: Option for modified daily class schedule

- Characteristics
 - Mild symptoms at rest, increasing with physical and mental activity
 - Abnormal ImPact scores
- May reduce length of school day as symptoms warrant
- Option: Reduce weight of backpack
- Option: Obtain a “five-minute pass”
- No notes, test, quizzes, or homework
- Provide student with copies of class notes (teacher or students generated)
- Excused from physical education classes and/or sports activities
- Report to Athletic Trainer daily

Progress to stage 3 when:

- School activity does not increase symptoms
- Overall symptoms decrease

Stage 3: Full day of school

- Characteristics
 -
 - Baseline symptoms at rest
 - Mild to moderate symptoms with mental and physical activity
 - Abnormal ImPact results
- No homework, tests, or quizzes
- Option: Continue to reduce weight of backpack
- Option: Obtain a “five-minute pass” in order to avoid noisy, crowded hallways between class periods
- Excused from physical education classes and/or sports activities
- Report to Athletic Trainer daily

Progress to stage 4 when:

- Baseline symptoms with mental and physical activity
 - Student should report any return of symptoms with mental or physical activity
- ImPact scores have normalized and/or symptoms have resolved
 - The ImPact Test is a computerized neurocognitive test with a variety of other tests, is used to determine neurocognitive function
 - ImPact testing will be used to help monitor the recovery process of student-athletes, when appropriate
 - ImPact test will only be given a maximum of two times per injury with second test given when requested by OAK physician
- Completion of clinical exam conducted by an approved OAK physician

*If the student is not able to progress past stage 3 after an extended period of time, where it is unlikely the student will be able to make up required work, the school counselor will discuss with the student and their parents, possible class withdrawal, class load modification, and/or Section 504 plan

Stage 4: Full academic load and Return-to-Play protocol

- Resumption of current academic responsibilities once ImPact scores have normalized and/or symptoms have resolved as determined by the appropriate health care professional
- In cooperation with the guidance counselor and teachers, create plan for possible modification and the gradual completion of missed tests, quizzes, and homework
- Teacher has the discretion to apply “mastery learning” criteria for their a
- It is that the student does not take more than one test per day
- Students are not required to makeup missed Physical Education classes due to a concussion
- Gradual resumption of physical activity
- Students will return to Physical Education classes and follow the Return-to-Play under the direction of the Athletic Trainer
- Report daily to the Athletic Trainer
- In order to return to play:
 - The student must have resumed all full academic activity
 - Athletes may need to pass a Post-Concussion ImPact test which is interpreted by the Certified Athletic Trainer and/or OAK physician.
 - If the test results are back within deviations of the baseline scores, or the treating physician approves the existing results, the athlete can continue the Return-to-Play protocol.
 - A physician must clear the student to begin the Return-to-Play protocol or have given the Certified Athletic Trainer consent to complete the Return-to-Play protocol.
- The Return-to-Play protocol is as follows:
 - Five-day progression with each step being completed 24 hours apart
 - Step 1: Bike workout
Goal: To increase heart rate with limited head movement.
 - Step 2: Jogging, sprinting, and calisthenics
Goal to increase heart rate with head and body movement.
 - Step 3: Non-contact drill work at practice
Goal to increase conditioning, coordination, and cognitive load.
 - Step 4: Full contact practice
Goal restore confidence and assess functional skills.
 - Step 5: Clear for competition
 - If symptoms return at any point, the step must be repeated again the next day before moving on with the next progression.
 - The progression above is a guideline and will be individualized for the athlete, sport, and injury.
 - Return-to-Play progression may be initiated prior to full Return-to-Learn at the discretion and under the supervision of a physician or Certified Athletic Trainer.
 - The Certified Athletic Trainer in collaboration with the Team Physician has the final say in clearing a student to return to full athletic participation. They can deny an outside provider’s decision to return a student to play. This authority cannot be used to override an outside provider’s orders to hold someone from play.
 - For student-athletes, consent must be given to the school by the physician, the parent/guardian, and the student-athlete before being cleared for contact on Day 4.
 - For non-athletes, students must complete step 1-3 and have physician’s consent to return to full Physical Education participation.
- The student will be given adequate time to complete missed academic work based on the amount of time needed to complete recovery.
 - For concussions that last an extended period of time, the counselors may coordinate mastery learning with the teachers for make-up homework and testing.
 - Any missed Physical Education classes due to a concussion do not need to be made up.

Recommended Follow-Up

Students are encouraged to meet with counselor regularly to discuss progress, grades, and status of make-up work.

The student is encouraged to meet with the counselor, Athletic Trainer, or physician to review any recurring symptoms, disrupted sleep habits, or emotional concerns.

Full Return to Athletic Activity

ImPact Testing

When the student's symptoms have returned to baseline, the Post-Concussion ImPact testing in addition to clinical examination by an appropriate healthcare professional, may be used to determine when the Return-to-Play protocol may begin.

Return-to-Play protocol

The Return-to-Play protocol includes 5 steps of activity with increasing intensity. Each step will take place 24 hours following the previous step. If symptoms return during any step, a 24 hour of rest is required before repeating that step. For athletes, this protocol will be under the supervision of the Athletic Trainer.

- Step 1: Light aerobic activity including stationary bike, balance training
- Step 2: Stairmaster or elliptical, running, calisthenics, balance training
- Step 3: Non-contact practice
- Step 4: Full contact practice
- Step 5: Return to competition

If you have additional questions, please contact the student's counselor, Athletic Trainer, or Athletic Director.