

## Hempfield School District Athletic Training Concussion Policy

Applies to: Athletic Staff (coaches, administrators and medical staff), Students, Parents

Responsible Department: Athletic Training

Date: August 2015

Purpose: To provide a systematic approach to diagnosing, treatment and return to play of a concussed student athlete.

Definition of Concussion: As defined by the American Academy of Neurology; any trauma induced alteration in mental status that may or may not include a loss of consciousness.

Procedure Guidelines:

- A. Preseason Testing: Student athletes in grades 7-12 will take a neurocognitive baseline test if they participate in the following sports/events: football, wrestling, field hockey, cheerleading, soccer, volleyball, basketball, baseball, softball, lacrosse, pole vault, and diving. The test will be administered by an athletic trainer at times and dates posted throughout the school year.
  
- B. Concussion Event: All student athletes presenting with signs and symptoms (see attachment) will be evaluated by an athletic trainer. If head injury is deemed a concussion, that student athlete will be held from further activity for that day. The coaches will be mandated to notify the athletic trainers of all athletes that have sustained a concussion at away events.

The athletic trainer will contact via telephone a parent/guardian of injured student athlete to explain injury and initiate follow-up care.

1. The SCAT 3 form will be utilized for initial evaluation on the sideline or the athletic training room of a concussion.
2. The student athlete will be further assessed by either their family physician or emergency department physician. Care of the concussed athlete will be a cooperative effort with their family physician.

3. If the athlete is able, he/she will report to the athletic training room 48 hours after the initial injury to start post-concussion neurocognitive testing under the supervision of the athletic trainers.

### C. Return to Play Progression

1. The student athlete must be asymptomatic for 24 hours to start the gradual return to play progression. The neurocognitive score must also be near baseline scores.
2. The steps are to be completed one at a time. If the student athlete reports any symptoms during or after the activity, he/she will be dropped back to the last step completed without post-concussive symptoms. The student athlete must be asymptomatic 24 hours after each step to progress to the next step.
3. The steps are as outlined by the Vienna Concussion Conference:
  - a. No activity and rest until asymptomatic. Rest will include cognitive rest.
  - b. Light aerobic exercise
  - c. Sport-specific training
  - d. Noncontact drills
  - e. Full-contact drills
  - f. Game play

### **University of Pittsburgh signs and symptoms of a concussion:**

#### **Signs observed by staff**

Appears to be dazed or stunned  
Is confused about assignment  
Forgets plays  
Is unsure of game, score, or opponent  
Moves clumsily  
Answers questions slowly  
Loses consciousness  
Shows behavior or personality change  
Forgets events prior to play (retrograde)  
Forgets events after hit (posttraumatic)

**Symptoms reported by athlete**

Headache  
Nausea  
Balance problems or dizziness  
Double or fuzzy/blurry vision  
Sensitivity to light or noise  
Feeling sluggish or slowed down  
Feeling “foggy” or groggy  
Concentration or memory problems  
Change in sleep pattern (appears later)  
Feeling fatigued