

# Clearfield City Concussion Management Plan

## 1. Overview

- 1.1. In response to the growing concern over concussion in athletics there is a need for Clearfield City to develop and utilize a “Concussion Management Plan”. The following document serves as a standard for concussion management.
- 1.2. The following components will be outlined as part of a comprehensive concussion management plan:
  - 1.2.1. Concussion Overview (section 2)
  - 1.2.2. Concussion Education for Athletes and Parent(s)/Guardian(s) (section 3)
  - 1.2.3. Concussion Education for Coaches (section 4)
  - 1.2.5. Concussion action plan (section 5)
  - 1.2.6. Appendix A: Statement Acknowledging Receipt of Concussion Education
  - 1.2.7. Appendix B: Post Concussion Instructions
  - 1.2.8. Appendix C: Return to Play Protocol
  - 1.2.9. Appendix D: Memo-Implementation of NFHS Playing Rules Changes Related to Concussion and Concussed Athletes

## 2. What is a Concussion?

- 2.1. Concussion, or mild traumatic brain injury (mTBI), has been defined as “a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces.” Although concussion most commonly occurs after a direct blow to the head, it can occur after a blow elsewhere that is transmitted to the head.
- 2.2. Signs and symptoms of concussions include but are not limited to:

**Note: An athlete may experience any or all of the following signs and symptoms**

Confusion	Disequilibrium
Post-traumatic Amnesia (PTA)	Feeling ‘in a fog’, ‘zoned out’
Retrograde Amnesia (RGA)	Vacant stare, ‘glassy eyed’
Disorientation	Emotional liability
Delayed verbal and motor responses	Dizziness
Inability to focus	Slurred/incoherent speech
Headache	Excessive Drowsiness
Nausea/Vomiting	Loss of consciousness (LOC)
Visual Disturbances, including light sensitivity, blurry vision, or double vision	

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### 3. Concussion Education for Athletes and Parent(s)/Guardian(s)

- 3.1. At the beginning of individual sport seasons, athletes shall be presented with a copy of the CDC's "Heads Up: Concussion in High School Sports – A fact sheet for Athletes." The coach or designated Clearfield City personnel shall be responsible for providing the fact sheets to the athlete.
- 3.2. At the beginning of individual sport seasons, parent/guardian(s) shall be presented with a copy of the CDC's "Heads Up: Concussion in High School Sports – A Fact sheet for parents"
- 3.3. These materials are available free of charge from the CDC. To order or download go to the CDC concussion web-page or use the following link: <http://www.cdc.gov/concussion>
- 3.4. All athletes and their parents/guardians will sign a statement in which the athlete accepts the responsibility for reporting their injuries and illnesses to the coaching/athletic training staff, parents, or other health care personnel including signs and symptoms of concussion. This statement will also acknowledge having received the above mentioned educational handouts.  
**See Appendix A**
- 3.5. All athletes shall be **required** to participate in the above education prior to their participation in any sport governed by Clearfield City.

### 4. Concussion Education for Coaches

- 4.1. It is required that each year coaches, staff and athletic trainers shall review the UHSAA Concussion management plan, and a copy of the CDC's "Heads Up: Concussion in High School Sports – A Guide for Coaches"  
<http://www.cdc.gov/concussion>
- 4.2. All coaches, coaching staff, athletic trainers and administrative personnel shall complete a course dealing with concussion, its signs, symptoms and management. This course shall be completed prior to working with athletes. The CDC, in partnership with the National Federation of State High School Associations, has developed a free web based course, "Concussion in Sports: What you need to know", to be used for this purpose.
  - 4.2.1. As determined by Clearfield City, repetition of the course may be required in subsequent years.
  - 4.2.2. The "Concussion in Sports: What You Need to Know" on-line course is available free of charge after registering at <http://www.nfhslearn.com>

### 5. Concussion Action Plan

- 5.1. When an athlete shows any signs, symptoms or behaviors consistent with a concussion, the athlete shall be removed immediately from practice or competition to have the parent(s)/guardian(s) promptly take the athlete for an evaluation by a health care professional with specific training in the evaluation and management of concussion. The decision regarding removal from practice or competition may be made by Clearfield City designated medical personnel or a designated Clearfield City representative.

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- 5.2. Clearfield City personnel, including coaches are encouraged to utilize a pocket guide on the field to assist them in recognizing a possible concussion. An example pocket guide is available as part of the CDC toolkit “Heads Up: Concussion in High School Sports” available at <http://www.cdc.gov/concussion>
- 5.3. A participant suspected of a concussion shall be withheld from the competition or practice and shall not return to activity for the remainder of that day. The athlete’s parent/guardian(s) shall be notified promptly of the situation.
- 5.4 The participant should receive serial monitoring for deterioration from a qualified healthcare professional and the athlete’s Parent/Guardian. Participants and their parent(s)/guardian(s) shall be provided with written instructions upon dismissal from practice/game. **See Appendix B or page 1 of the “Post Concussion Instructions and Return to Play Clearance Form” discharge instructions.**
- 5.5. In accordance with Clearfield City emergency action plans, immediate referral to Emergency Medical Services should be provided for any of the following “Red Flag Signs or Symptoms”.
  - 5.5.1. Prolonged Loss of Consciousness
  - 5.5.2. Seizure like activity
  - 5.5.3. Slurring of speech
  - 5.5.4. Paralysis of limb(s)
  - 5.5.5. Unequal pupils or dilated and non-reactive pupils
  - 5.5.6. At any point where the severity of the injury exceeds the comfort level of the on-site medical personnel
- 5.6. Consultation with a health care professional should occur for all athletes sustaining a suspected concussion. Parent(s)/Guardian(s) shall be encouraged to seek consultation with professionals who have expertise in understanding, recognizing and treating concussion and related symptoms.
- 5.7. For the purposes of this document, a health care professional is defined as one who is trained in management of concussion and who is:
  - 5.7.1. A licensed physician (M.D./D.O.)
  - 5.7.2. Advanced nurse practitioner
  - 5.7.3. Neuropsychologist
  - 5.7.4. Physician assistant (PA) working under the direction of a physician (M.D./D.O.).
  - 5.7.5. Or licensed athletic trainer working under the direction of a physician (M.D./D.O.).
- 5.8. Subsequent management of the athlete’s concussion shall be under the discretion of the treating health care professional, but may include the following:
  - 5.8.1. Referral to a Concussion Care Clinic
  - 5.8.2. When possible, repeat neuropsychological testing.
  - 5.8.3. Clinical assessment of balance and symptoms, with comparison to baseline data when available.

5.8.4. Medication management of symptoms, where appropriate

5.8.5. Direction of return to play protocol, to be coordinated with the assistance of a licensed athletic trainer or health professional (**see Appendix C for return to play protocol**)

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5.8.7. Final authority for Return-to-Play shall reside with the local health care professional (see 5.7), their designee or by a recognized concussion management program. Prior to returning to competition, the concussed student athlete shall have a Return-to-Play clearance form signed by their managing health care professional.

5.9. The incident, evaluation, continued management, and clearance of the athlete with a concussion shall be documented.

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## APPENDIX A: Immediate Post Concussion Instructions

The following instructions are to be given to each athlete and their parent/guardian after suspecting a concussion, as identified in sections 5.3 and 5.4 of the Clearfield City Concussion Management Plan

**ATTENTION:** Adult athlete or parent(s)/guardian(s). You/your child is suspected of sustaining a concussion or mild traumatic brain injury (mTBI) and accordingly were immediately removed from practice and/or competition. You/your child should see **PROMPT** evaluation by a qualified healthcare professional with specific training in the evaluation and management of concussions. You/your child should be monitored for deterioration. Prior to returning to practice or competition, you/your child must provide a “Return-to-Play” clearance form signed by a qualified healthcare professional.

## Head Injury Precautions

During the first 24 hours:

1. Diet – drink only clear liquids for the first 8-12 hours and eat reduced amounts of foods thereafter for the remainder of the first 24 hours.
2. Pain Medication – do not take any pain medication except Tylenol. Dosing instructions provided with pain medications should be followed.
3. Activity – activity should be limited for the first 24 hours, this would involve no school, video games, extracurricular or physical activities or work when applicable.
4. Observation – several times during the first 24 hours:
  - a. Check to see that the pupils are equal. Both pupils may be large or small, but the right should be the same size as the left.
  - b. Check the athlete to be sure that he/she is easily aroused; that is, responds to shaking or being spoken to, and when awakened, reacts normally.
  - c. Check for and be aware of any significant changes. (See #5 below)
5. Significant changes Conditions may change significantly within the next 24 hours. Immediately obtain emergency care for any of the following signs or symptoms:
  - a. Persistent or projectile vomiting
  - b. Unequal pupil size (see 4a above)
  - c. Difficulty in being aroused
  - d. Clear or bloody drainage from the ear or nose
  - e. Continuing or worsening headache
  - f. Seizures
  - g. Slurred speech
  - h. Can't recognize people or places – increasing confusion
  - i. Weakness or numbness in the arms or legs
  - j. Unusual behavior change – increasing irritability
  - k. Loss of consciousness
6. Improvement The best indication that an athlete who has suffered a significant head injury is progressing satisfactorily, is that he/she is alert and behaving normally.

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### APPENDIX B: Return to Play Protocol, to be included in "Return to Play Clearance Form".

- Recovery from concussion and progression through the Return-to-Play stages is individualized and determined on a case by case basis. Many factors influence the rate of progression and include previous concussion history, duration and types of symptoms, age and sport/activity that the athlete participates in. Athletes with history of prior concussion, extended duration of symptoms, or participation in collision or contact sports may progress more slowly.
- The following is adapted from the 3<sup>rd</sup> International Conference on Concussion in Sport and provides the framework for the return to play protocol:
  - It is expected that athletes will start in stage 1 and remain in stage 1 until symptom free.
  - The patient may, under the direction of the health care professional, and the guidance of the licensed athletic trainer or recognized concussion management program, progress to the next stage only when assessment battery has normalized, including symptom assessment, cognitive assessment with computerized or other appropriate neuropsychological assessment, and/or balance assessment with the BESS.
  - It is anticipated that at least 24 hours will be required, at a minimum, of being asymptomatic with each stage before progressing to the next stage.
  - Utilizing this framework, in a **best case scenario**, a patient sustaining a concussion and being asymptomatic by the next day will start in Rehabilitation Stage 1 at post injury day 1 and progress through to stage 6, 'Return to Play' by post injury day 6.
  - There may be circumstances, based on an individual's concussion severity, where the return to play protocol may take longer. Under all circumstances the progression through this protocol shall be overseen by the managing health care professional, licensed athletic trainer or recognized concussion management program.
  - Each athlete with a concussion shall be personally evaluated by a health care professional at least one time during this process.
  - When the athlete has successfully passed through stage 5 (Full Contact Practice) and has previously been evaluated by a health care professional or recognized concussion management program, a written "Return to Play Clearance Form" from the medical professional must be on file with Clearfield City. Once this "Return to Play Clearance Form" form has been submitted to Clearfield City a verbal clearance may be obtained by the designated Clearfield City personnel.
  - A completed "Return to Play Clearance Form" indicating the athlete is medically released to return to full competition shall be provided to Clearfield City officials prior to an athlete being allowed to resume competition after suffering a concussion.

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### APPENDIX C: Memo -Implementation of NFHS Playing Rules Changes Related to Concussion and Concussed Athletes

In its various sports playing rules, the National Federation of State High School Associations (NFHS) has implemented a standard rule change in all sports dealing with suspected concussions in student athletes. The basic rule in all sports (the rule may be worded slightly differently in each to reflect the language of the sport) states:

*Any athlete who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health-care professional. (Please see NFHS Suggested Guidelines for Management of Concussion in the Appendix of each NFHS Rules Book)*

In conjunction with the [UHSAA Concussion Management Plan](#) and the rule stated above the following guidelines are given:

#### **Role of the contest official in administering the new rule:**

- Officials are to review and know the signs, symptoms and behaviors consistent with a concussion.
- Officials are to direct the removal an athlete who demonstrates signs, symptoms or behaviors consistent with concussion from the contest according the rules and protocol regarding injured contestants for the specific sport.
- Officials have no other role in the process. The official does not need to receive clearance for an athlete to re-enter the contest.

#### **Role of [Clearfield City] personnel in administering the new rule:**

- All coaches, athletic trainers, and administrative personnel are required to complete a course dealing with concussion. The NFHS course *Concussion in Sport* available free of charge at [www.nfhslearn.com](http://www.nfhslearn.com) satisfies this requirement.
- All coaches and athletic trainers are required to annually review the [UHSAA Concussion Management Plan](#) and the CDC publication *Heads Up: Concussion in High School Sports – A Guide for Coaches* available at [http://www.cdc.gov/concussion/HeadsUp/high\\_school.html](http://www.cdc.gov/concussion/HeadsUp/high_school.html).
- A student athlete who has demonstrated signs, symptoms or behaviors consistent with concussion shall be removed immediately from the contest and shall not return to play until cleared by an appropriate health-care professional.

#### **Appropriate health-care professional:**

- An appropriate health-care professional is one who is trained in the management of concussion and who is:
  - o A licensed physician (M.D./D.O.)
  - o Advanced nurse practitioner
  - o Neuropsychologist
  - o Physician assistant (PA) working under the direction of a physician (M.D./D.O.)
  - o Licensed athletic trainer working under the direction of a physician (M.D./D.O.)
- The UHSAA Sports Medicine Advisory Committee has developed a form for the school to receive written clearance from an appropriate health-care professional for return to play of a concussed student athlete. The form is available on the “Forms” page of the UHSAA web-site or directly at <http://uhsaa.org/new/images/forms/ConcussionReleaseForm.pdf>.

#### **Links to resources:**

- UHSAA Concussion Management Plan:

- <http://uhsaa.org/SportsMed/ConcussionManagementPlan.pdf>
- NFHS “Concussion in Sports” course: [www.nfhslearn.com](http://www.nfhslearn.com)
- Center for Disease Control & Prevention (CDC) concussion materials: [www.cdc.gov/concussion](http://www.cdc.gov/concussion)
- UHSAA “Concussion Return to Play Clearance Form”:  
<http://uhsaa.org/new/images/forms/ConcussionReleaseForm.pdf>



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### APPENDIX D: Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion to be included as part of the “Participant and Parental Disclosure and Consent Document”.

I, \_\_\_\_\_, hereby acknowledge having received education  
*Athlete Name*  
about the signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion.

\_\_\_\_\_  
*Signature of athlete*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed name of athlete*

I, the parent/guardian of the athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion.

\_\_\_\_\_  
*Signature of parent/guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed name of parent/guardian*