

# ASAA

## Recommended School District Policy Components, Procedures and Forms Relating to the Management of Concussions in Student Athletes

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### **RATIONALE**

In 2011, the Alaska State Legislature passed House Bill 15 and Senate Bill 22, requiring school districts to consult with Alaska School Activities Association (ASAA) to develop and publish guidelines and other information to educate coaches, student athletes, and parents of student athletes regarding the nature and risks of concussions. Guidelines must include a description of the risks of return to play and standards for return to play, including procedures required under sections (c) and (d) of Section 14.30.142, Concussions in Student Athletes: Prevention and Reporting.

This was based on findings that

- (1) concussions rank among the most commonly reported traumatic brain injuries in children and adolescents who participate in sports and recreational activities with as many as 5,100,000 occurring nationally each year as a result of sports and recreational activities;
- (2) a concussion is caused by a blow to or jarring of the head or body that causes the brain to move rapidly inside the skull, resulting in a mild to severe traumatic brain injury, which may occur with or without loss of consciousness, and may disrupt normal brain function;
- (3) a concussion may occur during an organized or unorganized sport or recreational activity as a result of a fall or from players colliding with each other or another obstacle;
- (4) the risk of catastrophic injury or death from a concussion or other head injury increases when the injury is not properly evaluated and managed, and the athlete is allowed to continue to participate in sports or recreational activities following the concussion;
- (5) although voluntary nationwide guidelines for managing concussion in sports recommend assessing concussions on an individual basis, with gradual return to play, athletes continue to be returned to play prematurely, putting them at risk for greater injury or death.

## **POLICY COMPONENTS**

To ensure the adoption of appropriate guidelines and procedures, ASAA and its Sports Medicine Advisory Committee (SMAC) encourage member schools and school districts to adopt a policy with the following components.

### **Recommended School District Policy**

#### ***Requirement 1. Coaches Education***

Each school within the District shall ensure that each of its coaches undergoes training regarding the nature and risk of concussions at least every three years, on the same cycle as the required Sports First Aid certification under the Alaska Coaches Education Program. The initial training should occur as soon as in conjunction with the Sports First Aid course 3 year renewal requirement. This training is mandatory under ASAA Bylaw Article 10, Section 1.

Each school must decide how it will implement the coaches training requirement from a range of options which include face-to-face sessions and on-line training modules. (See Resources Section on pages 8-9.)

#### ***Requirement 2. Student and Parent/Guardian Education and Notification***

Each school within the District shall annually provide to a student, and the parent or guardian of a student who is under 18 years of age, written information on the nature and risks of concussions.

This requirement may be fulfilled by providing parents with the ASAA pamphlet entitled “A Parent’s Guide to Concussion in Sports” (link provided on page 8) and by providing students with the fact sheet published by the Centers for Disease Control entitled “Heads Up Concussion in High School Sports: A Fact Sheet for Athletes” (link provided on page 8).

A student may not participate in school athletic activities unless the student and the parent or guardian of a student who is under 18 years of age have signed a verification of receipt of the required information. Schools within the District will use ASAA’s Parent and Student Verification of Receipt of Information Concerning Concussion Form to satisfy this requirement. Schools shall keep a copy of the signed form on file. (See Parent and Student Form on page 9)

#### ***Requirement 3. Risks and Standards for Return to Play (RTP)***

**Risks** - Concussions are a common problem in sports and have the potential for serious complications if not managed correctly. Even what appears to be a "minor ding or bell ringer" has the real risk of catastrophic results when an athlete is returned to action too soon. The medical literature and lay press are reporting instances of death from "second impact syndrome" when a second concussion occurs before the brain has recovered from the first one regardless of how mild both injuries may seem. At many athletic contests across the country, trained and knowledgeable individuals are not available to make the decision to return concussed athletes to play. Frequently, there is undo pressure from various sources (parents, player and coach) to return a valuable athlete to action. In addition, there is often unwillingness by the athlete to report headaches and other findings because the individual is concerned that doing so might prevent his or her return to play. Outlined below are some mandatory and some recommended procedures that will be helpful for schools, parents, coaches, medical providers, and others, when dealing with possible concussions. Please bear in mind the central role that physicians and certified athletic trainers must play in protecting the health and safety of student-athletes.

## **Standards for Return to Play (RTP)**

### ***Sideline Decision Making***

1. Alaska law (A.S. 14.30.142, as amended) mandates that a student who is suspected of having sustained a concussion during a practice or game shall be immediately removed from the practice or game. Close observation of the athlete should continue for a few hours. No athlete will return to play (RTP) on the same day he or she sustains a concussion.

2. Per AS 14.30.142, as amended, a student who has been removed from participation in a practice or game for suspicion of concussion may not return to play until the student has been evaluated and cleared for participation by a Certified Athletic Trainer or by a qualified person, who verifies in writing or electronically, that he or she is currently trained in the evaluation and management of concussions. "Qualified person" means either:

1) a health care provider licensed in Alaska, or exempt from licensure under Alaska law (AS 08.64.370(1), (2), or (4)), or

2) a person acting at the direction and under the supervision of a physician licensed in Alaska, or exempt from licensure.

As interpreted by ASAA, "Trained" means that the provider 1) Has completed the online CDC Concussion Course for Clinicians ( [www.preventconcussions.com](http://www.preventconcussions.com)) in the last two years, **AND** 2) has a) completed 2 hours of CME in Sports Concussion Management in the last 2 years, or b) has completed a 1 year Sports Medicine Fellowship, a Certificate of Added Qualifications in Sports Medicine, or a Residency in Neurology or Neurosurgery.

As interpreted by ASAA, in addition to Certified Athletic Trainers, examples of healthcare professionals who, if they meet the definitions of “qualified person” and “trained,” would be authorized to provide medical clearance for concussed athletes, would be: physicians, osteopaths, physician assistants, nurses, nurse practitioners, neuropsychologists, and chiropractors who are certified by the Chiropractic Board of Sports Physicians.

ASAA shall maintain a list of those Healthcare Providers in Alaska who self-verify that they meet the above requirements and are qualified under AS 14.30.142, and are available to evaluate and manage student athletes with suspected and actual concussions. This list is provided for the convenience of student athletes, their parents, and their coaches who are seeking concussion care. The list is not intended to be all-inclusive and does not imply endorsement or verification of qualifications by ASAA.

3. In cases where a student has been evaluated by a qualified person as having sustained a concussion, after medical clearance that the student is able to begin the Return to Play (RTP) Protocol, the student will follow a step-wise protocol as described on pages 6 and 7 of this policy, with provisions for delayed RTP based on medical history or return of any signs or symptoms.

(Medical providers may use the ASAA Healthcare Provider Release for Student-Athlete with Suspected or Actual Concussion form (found on page 9 of the policy).

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

The following return to play (RTP) protocol shall be the minimum standard for medical providers to follow in managing student athletes who have sustained a concussion.

#### **Symptomatic Period –**

Rest until complete resolution of all major symptoms. No physical activity. No academic/cognitive activity.

If some minor symptoms persist, but the athlete feels capable of trying school, then, depending on the nature and severity of the symptoms, an incremental return to school can be attempted, e.g. 2 hours, then half day, then full day.

If symptoms are exacerbated by attending school, then decrease or discontinue attendance. If attending school does not exacerbate the symptoms, then school can be continued, but exercise should not be initiated until all symptoms have resolved at rest. When there have been no symptoms for 24 hours, and the medical provider has cleared the athlete to begin the **Return to Play Protocol**, then **Day 1** begins.

#### **Return to Play Protocol -**

Only when the concussion symptoms have been entirely absent for 24 hours, and the healthcare provider has cleared the athlete to begin the Return to Play Protocol, does Day 1 of the progressive return to physical activity begin. The Return To Play Protocol is to take place over a minimum of six days, with at least 24 hours between each step. The rate

of progression through the steps in the program is individualized by the supervising healthcare provider. Factors which may slow the rate are young age (18 or less), history of previous concussions, number/severity/duration of concussion symptoms, medical risk factors, and the concussion risk of the sports to which the athlete will return. Physical or cognitive activity that provokes recurrence of concussive symptoms will delay recovery and increase risk of future concussion. Therefore, if symptoms recur at any step, then physical activity should stop for 24 hours and resume at the previous step.

### Gradual Return to Play

- Day 1:
  - Begin when symptom free for 24 hours.
  - 15 min **light aerobic** activity (walk, swim, stationary bike, no resistance training).
  - **If no symptoms, then:**
- Day 2:
  - 30 min **light-mod aerobic** activity (jog, more intense walk, swim, stationary bike, no resistance training).
  - **Start PE Class** at previous day's activity level.
  - As RTP Protocol activity level increases, PE activity level remains one day behind.
  - **If no symptoms, then:**
- Day 3:
  - 30 min **mod-heavy aerobic** activity (run, swim, cycle, skate, Nordic ski, no resistance training).
  - **If no symptoms, then:**
- Day 4:
  - 30 min **heavy aerobic** (hard run, swim, cycle, skate, Nordic ski)
  - 15 min **Resistance Training** (push-up, sit-up, weightlifting)

- **If no symptoms, then:**
- Day 5:
  - **Return to Practice, Non-contact Limited Participation** (Routine sport-specific drills).
  - **If no symptoms then:**
- Day 6:
  - **Return to Full-Contact Practice**
  - **If no symptoms, then:**
- Day 7:
  - **Medically Eligible for Competition when completes RTP Protocol and is cleared by Healthcare Professional**
  - **ASAA Eligibility Criteria** must be met before return to competition.

#### **Concussion Care Plan -**

Schools principals should designate at least one staff member to work with the student-athlete, the student's parent, and the healthcare provider. The school staff member shall insure, that all school staff follow the care plan established for any student-athlete who has been diagnosed with a concussion.

Throughout the incremental return to school and exercise, the healthcare provider managing the concussion should meet with the athlete daily to determine the athlete's level of symptoms, to evaluate the athlete's response to increases in hours of school and intensity of exercise, to decide whether the athlete will advance to the next increment of return, and to communicate the daily decisions to the athlete, parent, and designated school staff member. The school staff member should disseminate the daily report to all appropriate staff, including the student's teachers, the nurse, the athletic trainer, the coach, and the athletic director. The healthcare provider may choose to designate another person, such as the certified athletic trainer or school nurse, to perform the daily evaluation and monitor exercise and symptoms. But the identity of the healthcare provider responsible for managing the concussion should remain a written record so that it is always clear to the school staff member.

#### **Resources**

### **On-Line Educators Resources-**

Concussion Course-

<http://www.brain101.orcasinc.com/2000/>

Returning to Academics After Concussion-

<http://www.brain101.orcasinc.com/2210/>

School-wide Concussion Management-

<http://brain101.orcasinc.com/>

### **On-Line Coaches Education -**

“Concussion in Sports,” available on-line through the NFHS Learning Center

<http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>

“HEADS UP” Concussion in Youth Sports, available on line through the CDC for no charge.

[http://www.cdc.gov/concussion/HeadsUp/online\\_training.html](http://www.cdc.gov/concussion/HeadsUp/online_training.html)

“Concussion Awareness,” available on-line through USA Football.

<http://www.usafootball.com/health-safety/home>

“The Concussion Playbook,” award winning, user friendly Concussion Course

<http://www.brain101.orcasinc.com/4000/>

### **Student and Parent/Guardian Education –**

Parents: “The Concussion Playbook,” award winning, user friendly Course

<http://www.brain101.orcasinc.com/3000/>

Teen Athletes: “The Concussion Playbook,” award winning, user friendly Course

<http://www.brain101.orcasinc.com/5000/>

### **A Parents’ Guide To Concussion In Sport**

Upon recommendation of its Sports Medicine Advisory Committee (SMAC), ASAA has adopted concussion management guidelines for parents developed by the National Federation of State High School Associations (NFHS) in cooperation with the CDC. A copy of these guidelines should be given annually to each student and parent/guardian prior to the student’s first athletic contest. (See attachment below.) It may be useful to provide them again immediately following concussion.

Parent - [http://asaa.org/wp-content/uploads/parents\\_guide.pdf](http://asaa.org/wp-content/uploads/parents_guide.pdf)

Student - [http://www.cdc.gov/concussion/pdf/Athletes\\_Fact\\_Sheet-a.pdf](http://www.cdc.gov/concussion/pdf/Athletes_Fact_Sheet-a.pdf)

## **Other Resources**

House Bill 15 (See attachment)

Senate Bill 119 (See attachment)

### CDC Website

Home Page – <http://www.cdc.gov/concussion/headsup/index.html>

Clipboard Sticker - [http://www.cdc.gov/concussion/pdf/Clipboard\\_Sticker-a.pdf](http://www.cdc.gov/concussion/pdf/Clipboard_Sticker-a.pdf)

Prevention – <http://www.cdc.gov/concussion/sports/prevention.html>

School Plan – [http://www.cdc.gov/concussion/headsup/pdf/ACE\\_care\\_plan\\_school\\_version-a.pdf](http://www.cdc.gov/concussion/headsup/pdf/ACE_care_plan_school_version-a.pdf)

Response – <http://www.cdc.gov/concussion/sports/response.html>

Resources – <http://www.cdc.gov/concussion/sports/resources.html>

Free Materials for Schools - <http://www.cdc.gov/pubs/ncipc.aspx#tbi4>

Facts for Physicians – [http://www.cdc.gov/concussion/headsup/pdf/Facts\\_for\\_Physician\\_booklet-a.pdf](http://www.cdc.gov/concussion/headsup/pdf/Facts_for_Physician_booklet-a.pdf)

<http://www.cdc.gov/concussion/headsup/clinicians.html>

### ***Physician On Line Concussion Course-***

The Centers for Disease Control and Prevention (CDC) free online training for health-care professionals. The goal of this course, "Heads Up to Clinicians: Addressing Concussion in Sports among Kids and Teens," is to prepare health-care professionals to diagnose and manage concussions on the sidelines, in their office, training room, or in the emergency department:

<http://www.preventingconcussions.org/>

SCAT-2 and NFL Modified SCAT-2 Standardized Concussion Assessment Tools:

[http://www.preventingconcussions.org/index.php/assessments\\_tools](http://www.preventingconcussions.org/index.php/assessments_tools)

## **Forms**

“ASAA Parent and Student Verification of Receipt of Information Concerning Concussions Form”

<http://asaa.org/wp-content/uploads/Parent-Student-Acknowledgement-Consent.pdf>

“ASAA Healthcare Provider Release for Student Athlete With Suspected or Actual Concussion Form”

<http://asaa.org/wp-content/uploads/return-to-play.pdf>