

River Road Independent School District

Concussion Management Protocol

1. Student is identified as suffering from a concussion by RRISD staff.
2. Designated coach notifies District Designated School Official
3. Concussion Management Protocol is initiated
4. Parent Information Form given to parents and explained
5. Student must see Physician to initiate Protocol
6. Once protocol is completed and the following signatures are obtained student may proceed with designated sport:
 - a. District Designated School Official
 - b. Parent/Guardian
 - c. Physician

All logs, forms and documentation will be kept in the River Road ISD Concussion Management Protocol Notebook is located in the Nurse's office on the RRHS Campus.



Concussion Management Protocol Return to Play Form

This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with the Return to Play protocol established by the school district Concussion Oversight Team, as determined by the superintendent or their designee (see Section 38.157 (c) of the Texas Education Code).

Student Name (Please Print)

School Name (Please Print)

Designated school district official verifies:

Please Check

- The student has been evaluated by a treating physician selected by the student, their parent or other person with legal authority to make medical decisions for the student.
- The student has completed the Return to Play protocol established by the school district Concussion Oversight Team.
- The school has received a written statement from the treating physician indicating, that in the physician's professional judgment, it is safe for the student to return to play.

School Individual Signature

Date

School Individual Name (Please Print)

Parent, or other person with legal authority to make medical decisions for the student signs and certifies that he/she:

Please Check

- Has been informed concerning and consents to the student participating in returning to play in accordance with the return to play protocol established by the Concussion Oversight Team.
- Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol.
- Consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return to play recommendations of the treating physician.
- Understands the immunity provisions under Section 38.159 of the Texas Education Code.

Parent/Responsible Decision-Maker Signature

Date

Parent/Responsible Decision-Maker Name (Please Print)

RIVER ROAD INDEPENDENT SCHOOL DISTRICT **Parental Information Form for Concussions**

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Symptoms Reported by Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly. Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
2. **Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's ok. Children who return to play too soon-while the brain is still healing-risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.
4. **It's better to miss one game than the whole season.**

For more information and to order additional materials **free-of-charge**, visit: For more detailed information on concussion and traumatic brain injury, visit: WWW.Cdc.gov/ConcussionInYouthSports WWW.Cdc.gov/injury

River Road Independent School District Concussion Management Stages

Instructions: Each stage is equivalent to AT LEAST 24 hours which means the athlete cannot return to play for at least one week. The Athletic Trainer or designated individual will initial and date each stage as the student is cleared. Keep in mind each concussion is different so it may take several days for each stage to clear.

Concussion Management

(Initials/Date stage cleared)

_____ Day 1: 10 Minutes on Bike or Light Jogging

_____ Day 2: 20 Minutes of Running

_____ Day 3: Non-Contact Practice with Team

_____ Day 4: Full Practice

_____ Day 5: Participation in Full Contact Game

_____ Day 6: Return to normal activities

Liability Provisions

The student and the student's parent or guardian or another person with legal authority to make medical decisions for the student understands 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.

Parental Consent

By signing the ACKNOWLEDGEMENT OF RULES, I understand the risks and dangers related with returning to play too soon after a concussion. I also understand this information was provided to me through the UIL Parent Information Manual, <http://www.uil-texas.org/files/athletics/manuals/parent-information-manual.pdf> Furthermore, in the event that my student is diagnosed with a concussion, I have given my consent for my student to participate in and comply with the River Road ISD return to play protocol.

River Road Independent School District **Return to Play Guidelines for Parents**

General Information for Parents

Teach it's not smart to play with a concussion. Rest is the key after a concussion. Sometimes athletes, parents, and other school or league officials wrongly believe that it shows strength and courage to play injured.

Discourage others from pressuring

injured athletes to play. Don't let your athlete convince you that they're "just fine."

Prevent long-term problems. If an athlete has a concussion, their brain needs time to heal. Don't let them return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems. River Road ISD has developed a protocol for managing concussions. This policy includes a multidiscipline approach involving athletic trainer clearance, physician referral and clearance, and successful completion of activity progressions related to their sport. The following is an outline of this procedure. Your student must pass all of these tests in order to return to sport activity after having a concussion.

1. All athletes who sustain head injuries are required to be evaluated by their primary care physician. They must have a normal physical and neurological exam prior to being permitted to progress to activity. This includes athletes who were initially referred to an emergency department.

2. The student will be monitored daily at school by the Athletic Trainer or designated individual. His/her teachers will be notified of their injury and what to expect. Accommodations may need to be given according to physician recommendations and observations.

3. The student must be asymptomatic at rest and exertion.

4. Once cleared to begin activity, the student will start a progressive step-by-step procedure outlined in the following steps. The progressions will advance at the rate of one step per day. The progressions are:

a. No activity for one week after injury & athlete is symptom free

b. Physician clearance to begin activity

c. Light aerobic exercise with no resistance training

d. Sport specific activity

e. Non-contact training drills with resistance training

f. Full contact training drills

g. Note – Athlete progression continues as long as athlete is asymptomatic at current activity level. If the athlete experiences any post concussion symptoms, he/she will wait 24 hours and start the progressions again at the beginning.

5. **Upon completion of the return to play protocol, the physician of record must provide a written statement that in the physician's professional judgment it is safe for the athlete to return to play.**

6. Once the student has completed steps 1 through 5, he/she may return to their sport activity with no restrictions.

7. The form on the following page, Concussion Management, is the form the RRISD will use to complete the required signatures for return to play protocol for concussions. Your student will be required to obtain your signature as well as written consent from the physician of record in order to return to their respective sport.

River Road Independent School District
Concussion Management Return to Play Form

This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with the Return to Play protocol established by the school district Concussion Oversight Team, as determined by the superintendent or their designee (see Section 38.157 (c) of the Texas Education Code).

Athletes Name: _____ **School Name:** _____
Grade/Sport: _____ **Date of Injury:** _____

Instructions: Each stage is equivalent to AT LEAST 24 hours which means the athlete cannot return to play for at least one week. Once the stage is completed initial and date.

_____ **By signing the physician of record permits student to begin Concussion Management Stages.**

Concussion Management

(Athletic Trainer Initials/Date stage cleared) Only proceed to next stage when student is asymptomatic.

_____ Day 1: 10 Minutes on Bike or Light jogging

_____ Day 2: 20 Minutes of Running

_____ Day 3: Non-Contact Practice with Team\

_____ Day 4: Full Practice

_____ Day 5: Participation in Full Contact Game

_____ Day 6: Return to normal activities

Designated school district official verifies: (Please Check)

- The student has been evaluated by a treating physician selected by the student, their parent or other person with legal authority to make medical decisions for the student.
- The student has completed the Return to Play protocol established by the school district Concussion Oversight Team.
- The school has received a written statement from the treating physician indicating, that in the physician's professional judgment, it is safe for the student to return to play.

Athletic Trainer or Designated Individual Printed Name and Signature _____

Date: _____

Parent, or other person with legal authority to make medical decisions for the student signs and certifies that he/she: (Please Check)

- Has been informed concerning and consents to the student participating in returning to play in accordance with the return to play protocol established by the Concussion Oversight Team.
- Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol.
- Consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return to play recommendations of the treating physician.
- Understands the immunity provisions under Section 38.159 of the Texas Education Code.

Parent/Guardian's Printed Name and Signature _____ **Date:** _____

Physician's Printed Name and Signature _____ **Date:** _____



EVALUATION DOMAINS

Physical/Motor	Cognitive	Behavior/Emotional
Dazed/stunned	Amnesia	Irritable
Balance difficulties	Confused/Disoriented	Emotionally Unstable/Explosive
Weakness	Slowed Verbal Responses	Depressed
Excessive Fatigue	Forgets easily	Sleep disturbances
Slowed Reactions	Difficulty Concentrating	Anxious
Lack of facial expressions	Short Attention Span	Lack of Interest

References:

1. National Federation of State High School Associations, Suggested Guidelines for the Management of Concussion in Sports; January 2011