MVHS Lacrosse Concussion Management Plan

August 2019

Contents

ATTENTION

This concussion management plan is provided for the free and personal use of the public to help school districts or various youth sport organizations comply with Idaho Code Section 33-1625. However, this document does not provide legal advice and is not a substitute for legal advice. Individuals or organizations with compliance concerns are encouraged to consult legal counsel.

(1) Parent/Athlete Meeting

(a) Prior to the start of each athletic season, a meeting shall be organized by the sports director or other appropriate designated official to discuss the topic of concussion in youth sports.

(b) Each athlete planning on participating in the sport shall attend the meeting with the parent or legal guardian of the athlete, as well as team coaches.

(i) Parents, athletes and coaches should review the following material and have the opportunity to ask questions:

a. The definition of concussion
b. Signs and symptoms of the injury
c. Tips for prevention of the injury
d. Risks associated with continued play with a concussion
e. What to do if you suspect someone has sustained a concussion for emergency and non-emergency situations
f. The Centers for Disease Control and Prevention (CDC) 4 step action plan:
    1. Remove suspected injured athletes from play.
    2. Ensure the athlete is evaluated right away by an appropriate health care professional.
    3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
    4. Allow the athlete to return to play only with permission from a health care professional with experience in evaluating concussion.
g. Additional concussion resources for parents, athletes and coaches

(c) <u>Required Parent/Guardian Acknowledgment Form</u>

(i) Prior to beginning practice the athlete and the athlete's parent or guardian must receive and sign a "Parent/Guardian Acknowledgment Form" regarding concussion in youth sports. This form is an acknowledgement by the parent and athlete that they have received the education mandated (for sanctioned sports) under subsection (3 & 4) of section 33-1625, Idaho Code, that they understand the material and have had an opportunity to ask questions.

a. Parent/Guardian Acknowledgment forms should be kept on file by the MVHS Lacrosse Club for no less than seven (7) years.

(2) Recommended Baseline Testing

(a) Athletes ages 10+ participating in football, volleyball, wrestling, basketball, soccer, lacrosse, baseball, softball, rugby, pole vaulting, and cheer are encouraged to receive a baseline cognitive ImPACT test every other year. It is recommended athletes also establish baselines using tests such as the Balance Error Scoring System (BESS), the Standardized Assessment of Concussions (SAC), or other standardized assessment tests at least once in their junior high and high school careers.

(i) Baseline tests shall be utilized by a qualified health care professional trained in the evaluation and management of concussion and who has received training in interpreting the test results to aid in the evaluation and treatment of all injured athletes exhibiting cognitive deficits.

(j) ImPACT tests are offered for athletes 10+ through the St. Luke's Sports Medicine Concussion Clinic for $15, and can be used for two years.

(k) For more information or to schedule a Baseline ImPACT test call (208) 381-4785 or visit www.stlukesonline.org/health-services/procedures/baseline-impact-testing

(3) Biennial Concussion Training for Athletic Trainers, Coaches & Staff

(a) Coaches & Staff:

(i) All coaches and staff must receive online concussion training upon hire and biennially thereafter.

a. Completion of the Idaho Concussion Training Course provided by the Idaho High School Activities Association and the St. Luke's Sports Medicine Concussion Clinic shall satisfy this requirement.

b. The course can be found at the following link: https://www.stlukesonline.org/apps/concussion-education

(ii) Evidence of training must be kept on file by the Mountain View High School Lacrosse Club.

(b) Athletic trainers:

(i) All athletic trainers employed by the organization must receive online concussion training upon hire and annually thereafter.

b. Athletic trainers must complete the "Heads Up to Clinicians Concussion Training" provided online by the Centers for Disease Control and Prevention.

(ii) Evidence of training must be kept on file by the Mountain View Lacrosse Club.

(4) Removal from Play Protocol

Coaches & non-medical staff

STEP 1: REMOVE FROM PLAY

If at any time it is suspected an athlete has sustained a concussion, the youth athlete shall be immediately removed from play and not be allowed to return to play the same day. Once removed an athlete shall not be allowed to return to play until authorized to return by a qualified health care professional.

Please Note: Most athletes who experience concussion will exhibit any one or more of a variety of symptoms. A loss of consciousness is **NOT** always present. Headache is the most common symptom, but not all athletes experience concussion in the same way. Symptoms of a concussion may not be evident until several minutes, hours or days later. The severity of the symptoms will also vary along with their duration. The following are a list of possible common symptoms by general category:

PHYSICAL

- ❑ Headache/Pressure
- ❑ Blurred vision
- ❑ Double vision
- ❑ Dizziness
- ❑ Loss of consciousness
- ❑ Ringing in the ears
- ❑ Seeing "stars"
- ❑ Vacant stare
- ❑ Glassy eyes
- ❑ Nausea
- ❑ Vomiting
- ❑ Numbness/Tingling
- ❑ Sensitivity to light
- ❑ Sensitivity to noise
- ❑ Neck pain
- ❑ Poor balance
- ❑ Poor coordination
- ❑ Reduced playing ability

COGNITIVE

- ❑ Feel in a "fog"
- ❑ Feel "slowed down"
- ❑ Feel "stunned"
- ❑ Feel "dazed"
- ❑ Memory problems
- ❑ Poor concentration
- ❑ Slurred speech
- ❑ Slowed speech
- ❑ Confusion
- ❑ Disorientation
- ❑ Easily distracted
- ❑ Amnesia

EMOTIONAL

- ❑ More emotional
- ❑ Personality change
- ❑ Nervousness/Anxiety
- ❑ Irritability
- ❑ Sadness
- ❑ Lack of motivation

SLEEP

- ❑ Fatigue
- ❑ Drowsiness
- ❑ Excess sleep
- ❑ Sleeping less than usual
- ❑ Trouble falling asleep

STEP 2: MONITOR

Continue monitoring the athlete for other signs and symptoms, as well as for symptom severity. If the athlete is experiencing any of the below signs, the parents or guardians of the athlete may want to transport the athlete to the nearest emergency room. In the

absence of a parent or guardian, or when in doubt about what action to take, **call 911 immediately.**

a. Headache that gets worse or does not go away
b. Weakness, numbness or decreased coordination
c. Slurred speech
d. Looks very drowsy or cannot be awakened
e. Cannot recognize people or places
f. Is getting more and more confused, restless, or agitated

STEP 3: IS THERE AN EMERGENCY?

If the condition of the athlete continues to deteriorate or if an athlete exhibits **ANY** of the below signs, **call 911 immediately and launch your organization's emergency action plan**:

1. Repeated vomiting or nausea.
2. Has one pupil (the black part in the middle of the eye) larger than the other.
3. Experiences convulsions or seizures.
4. Prolonged loss of consciousness (*a brief loss of consciousness should be taken seriously and the person should be carefully monitored*).

STEP 4: ENSURE ATHLETE RECIEVES A MEDICAL EVALUATION

If not an emergency, ensure the injured athlete is evaluated by a proper medical professional. **DO NOT** try to judge the seriousness of the injury yourself. Coaches should seek assistance from the site athletic trainer or other appropriate medical personnel if available at a competition, and should always seek the assistance from an appropriate medical provider when at practice. If a medical provider is not available on site, ensure that the parents or guardians of the athlete follow-up with an appropriate medical provider.

STEP 5: COMMUNICATE

Contact the athlete's parents or guardians as soon as possible to inform them of the potential injury and give them the fact sheet on concussion provided online by the Centers for Disease Control and Prevention. Communicate the injury to your organization's sports director or other appropriate personnel in a timely fashion if it has not already been communicated.

(5) Removal from Play Protocol

Athletic trainers or other appropriate medical providers

ATTENTION

Only individuals deemed a "qualified health care professional" under subsection (6) of section 33-1625, Idaho Code, may provide medical clearance for an athlete to return to play following a possible concussion. A qualified healthcare professional must meet two (2) criteria. The medical professional must be trained in the evaluation and management of concussions, AND must be one of the following:

(a) A physician or physician assistant licensed under chapter 18, title 54, Idaho Code;
(b) An advanced practice nurse licensed under section 54-1409, Idaho Code (a school nurse may not necessarily be an advanced practice nurse); or
(c) A licensed healthcare professional trained in the evaluation and management of concussions who is supervised by a directing physician who is licensed under chapter 18, title 54, Idaho Code (such as an Idaho Certified Athletic Trainer)

The following protocol (Section 5) is only intended for use by individuals deemed a qualified healthcare professional. If an individual is not a qualified healthcare professional, please use the removal from play protocol in section (4).

STEP 1: REMOVE FROM PLAY

If at any time it is suspected an athlete has sustained a concussion, the youth athlete shall be immediately removed from play.

STEP 2: MONITOR

Continue monitoring the athlete for other signs and symptoms, as well as for symptom severity. If the athlete is experiencing any of the below signs, the parents or guardians of the athlete may want to transport the athlete to the nearest emergency room. In the absence of a parent or guardian, or when in doubt about what action to take, **call 911 immediately.**

a. Headache that gets worse or does not go away
b. Weakness, numbness or decreased coordination
c. Slurred speech
d. Looks very drowsy or cannot be awakened
e. Cannot recognize people or places
f. Is getting more and more confused, restless, or agitated

STEP 3: IS THERE AN EMERGENCY?

If the condition of the athlete continues to deteriorate, or if an athlete exhibits **ANY** of the below signs, **call 911 immediately and launch your school's emergency action plan**:

1. Repeated vomiting or nausea.
2. Has one pupil (the black part in the middle of the eye) larger than the other.
3. Experiences convulsions or seizures.
4. Prolonged loss of consciousness (*a brief loss of consciousness should be taken seriously and the person should be carefully monitored*).

STEP 4: SIDELINE EVALUATION

If it is determined the situation is not an emergency, the medical provider may choose to use simple sideline cognitive tests to determine whether or not the athlete has any cognitive deficits.

a. A medical provider may choose to forego sideline cognitive testing if, in their best judgment, they feel the athlete is concussed. In this instance proceed to step 5.
b. Sideline tests include the latest version of the Sports Concussion Assessment Tool (SCAT), the Standardized Assessment of Concussion (SAC) or other standardized tools for sideline cognitive testing used with appropriate training.
    i. If the athlete has no cognitive or other identifiable deficits, it is reasonable for the individual to conclude a concussion did not occur and that it is safe for the athlete to return to play. In this instance the individual may forego

the remainder of this protocol, as well as section (6) and section (7) of this management plan.

ii. If the athlete is experiencing cognitive or other identifiable deficits, proceed to step 5.

Symptom Checklist

PHYSICAL

- ❑ Headache/Pressure
- ❑ Blurred vision
- ❑ Double vision
- ❑ Dizziness
- ❑ Loss of consciousness
- ❑ Ringing in the ears
- ❑ Seeing "stars"
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SLEEP

- ❑ Fatigue
- ❑ Drowsiness
- ❑ Excess sleep
- ❑ Sleeping less than usual
- ❑ Trouble falling asleep

STEP 5: COMMUNICATE WITH PARENT/GUARDIAN

Contact the athlete's parents or guardians as soon as possible to inform them of the injury and give them the fact sheet on concussion provided online by the Centers for Disease Control and Prevention. Discuss the content of the fact sheet and answer any questions or concerns the parent or guardian may have. Provide written and verbal home and follow-up care instructions.

a. In the event an athlete's parents or guardians cannot be reached and the athlete is able to be sent home, the athletic trainer, coach, or other appropriate personnel should ensure the athlete will be with a responsible adult capable of monitoring the athlete and who understands the home care instructions before allowing the athlete to go home. Additional steps to take are:
   i. Continue efforts to reach the parents or guardians.
   ii. If there is any question about the status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete should be referred to the emergency department for evaluation. A coach, athletic trainer, or other appropriate school personnel should accompany the athlete and remain with the athlete until the parents or guardians arrive.
   iii. Athletes with suspected concussions should not be permitted to drive home

(6) Return to Learn Protocol

(a) Under subsection (7) of section 33-1625, Idaho Code it reads "Students who have sustained a concussion and return to school may need informal or formal accommodations, modifications of curriculum, and monitoring by a medical or academic staff until the student is fully recovered. A student athlete should be able to resume all normally scheduled academic activities without restrictions or the need for accommodation prior to receiving authorization to return to play by a qualified health care professional as defined in subsection (6) of this section.

(b) The athletic trainer, coach, and staff will collaborate with the athlete, parents or guardians of the athlete, teachers and any necessary and pertinent outside medical professionals of the athlete, to create a plan that will support the athlete's academic and personal needs while symptomatic. It is important that the Mountain View High School Lacrosse Club coaches and staff communicate well with parents and athlete to emphasize the importance of returning to learn before returning to play

(i) Supporting a student recovering from a concussion requires a collaborative approach among school professionals, health care providers, parents or guardians of the athlete, as well as the athlete themselves, as s/he may need accommodations during recovery. Keep in mind that the accommodations that worked for one athlete may not work for another.

(ii) If symptoms persist, accommodations for the student such as a 504 plan may be pertinent. A 504 plan is implemented when students have a disability (temporary or permanent) that affects their performance in any manner. Services and accommodations for students may include environmental adaptations, curriculum modifications, and behavioral strategies. The decision to implement a 504 plan should be arrived at through collaboration of all parties involved.

(iii) Students may need to limit activities while they are recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. Students who return to school after a concussion may need to:

a. Take rest breaks as needed,
b. Spend fewer hours at school,
c. Be given more time to take tests or complete assignments,
d. Receive help with schoolwork, and/or
e. Reduce time spent on the computer, reading, or writing.

(iv) It is normal for students to feel frustrated, sad, and even angry because they cannot return to recreation or sports right away, or cannot keep up with their schoolwork. A student may also feel isolated from peers and social networks. Talk with the student about these issues and offer support

and encouragement. As the student's symptoms decrease, the extra help or support can be removed gradually as decided on by the team involved.

(c) As the athlete returns to academic and athletic activities the athletic trainer, coach, staff members, school nurse, school counselor or other appropriate school personnel shall follow-up with the athlete periodically to ensure symptoms are decreasing, have been eliminated and have not returned, or to address any additional concerns of the athlete and the athlete's parents or guardians, and to adjust the academic and return to learn plan for the athlete if needed until the athlete has been fully reintegrated into normal academic activities.

(d) The following 6 step progression is available as a general guideline for the athlete, the parents or guardians of the athlete, medical providers, and school professionals to reference for return to learn purposes.

****Once fully through Return-to-Learn Plan begin Graduated Return-to-Play per physician guidance****

Return-to-Learn Plan			
Stage #	**Stage**	**Activity**	**Objective**
1	No activity	Complete cognitive rest – no school, no homework, no reading, no texting, no video games, no computer work.	Recovery
2	Gradual reintroduction of cognitive activity	Relax previous restrictions on activities and add back for short periods of time (5-15 minutes at a time).	Gradual controlled increase in subsymptom threshold cognitive activities.
3	Homework at home before school work at school	Homework in longer increments (20-30 minutes at a time).	Increase cognitive stamina by repetition of short periods of self-paced cognitive activity.
4	School re-entry	Part day of school after tolerating 1-2 cumulative hours of homework at home.	Re-entry into school with accommodations to permit controlled subsymptom threshold increase in cognitive load.
5	Gradual reintegration into school	Increase to full day of school.	Accommodations decrease as cognitive stamina improves.
6	Resumption of full cognitive workload	Introduce testing, catch up with essential work.	Full return to school.

(7) Return to Play Protocol

Athletic trainers or other appropriate medical providers

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(a) A physician or physician assistant licensed under chapter 18, title 54, Idaho Code;
(b) An advanced practice nurse licensed under section 54-1409, Idaho Code (a school nurse may not necessarily be an advanced practice nurse); or
(c) A licensed healthcare professional trained in the evaluation and management of concussions who is supervised by a directing physician who is licensed under chapter 18, title 54, Idaho Code (such as an Idaho Certified Athletic Trainer).

The following return to play process (Section 7) is only intended for use by individuals deemed a qualified healthcare professional. If an individual is not a qualified healthcare professional, the athlete must be referred to a medical professional who is deemed qualified to provide medical clearance for concussion injuries under Idaho law.

(a) An injured athlete should only be allowed to start the following return to play protocol once the athlete is successfully tolerating their normal cognitive workload during school.

(b) An athlete cleared to play by a qualified medical professional only provides clearance for the athlete to begin the stepwise return to play protocols as set forth in section (d) below, unless the athlete has been directed through the stepwise return to play progression by the outside medical provider(s) prior to being cleared. Administrators, coaches and parents must act reasonably and to the best of their ability to ensure an athlete is cleared by a proper medical provider experienced in the evaluation and management of concussion pursuant to subsection (6) of section 33-1625, Idaho Code.

(i) Clearance by a medical provider must be in written form and kept on file at the organization for no less than seven (7) years.

(c) If at any time, the athletic trainer or other qualified medical personnel feel the injury is beyond their expertise, scope of practice or comfort level, then the athlete shall be referred to a qualified health care professional trained in the evaluation and management of concussion for treatment and management of the injury.

(i) It is the responsibility of the athletic trainer or other on-site medical personnel to ensure that proper and sufficient communication takes place with any/all outside medical professionals to ensure medical providers have all pertinent medical information, are accurately informed of the details and severity of the injury, and that the medical provider receiving the referral is qualified to evaluate and manage concussions.

(d) The return of an athlete to play shall be done in a stepwise fashion in accordance with the recommended return to play protocols of the CDC and the NFHS. Proper instruction and supervision of an outside medical provider should be used if necessary. Parents should communicate regularly with coaches of the athlete to inform them of the athlete's progress.

(i) The return to play protocol includes the following stepwise progression **allowing the athlete 24 hours between each step as long as the athlete remains symptom free**. If any symptoms return, the athlete should return to the previous step and resume the progression again following 24 hours without symptoms.

A Graduated Return-to-Play (RTP)				
Stage #	**Activity**	**Functional Exercise**	**Child/Student Equivalent**	**Objective of Stage**
1	No physical activity as long as there are symptoms *(This step could take days or even weeks)*	Complete physical rest	Quiet time with maximum rest	Recovery
When 100% symptom free for 24 hours proceed to Stage 2. (Recommend longer symptom-free periods at each stage for younger student/athletes)				
2	Light aerobic activity	Walking, swimming, stationary cycling – 10-15 minutes of exercise, no resistance	Solitary play or quiet play alone or with parent	Increase heart rate *(light to moderate workout not requiring cognitive attention or high degree of coordination)*
If symptoms re-emerge with this level of exertion, then return to previous stage. If the student remains symptom free for 24 hours after this level of exertion then proceed to the next stage.				
3	Sport-specific exercise	Running, 20-30 minutes no weightlifting, no head contact	Supervised play, low risk activities	Add movement (increased attention and coordination required)
If symptoms re-emerge with this level of exertion, then return to previous stage. If the student remains symptom free for 24 hours after this level of exertion then proceed to the next stage.				
4	Non-contact training drills	Progression to more complex training drills; may start progressive resistance training	May run/jump as tolerated	Exercise, coordination (mimics athlete's sport without risk of head injury)
If symptoms re-emerge with this level of exertion, then return to previous stage. If the student remains symptom free for 24 hours after this level of exertion then proceed to the next stage.				
5	Full-contact practice	Following medical clearance, participate in normal training activities; full exertion	Normal participation with parental/adult supervision	Restore confidence and assess functional skills by coaching staff (or family)
If symptoms re-emerge with this level of exertion, then return to previous stage. If the student remains symptom free for 24 hours after this level of exertion then proceed to the next stage *with physician clearance*.				
6	Return to play	Normal game play	Normal playtime	No restrictions

*Source: McCrory P, Meeuwisse W, Johnston K, Dvorak J, Aubry M, Molloy M, Cantu R. Consensus Statement on Concussion in Sport: The 3rd International Conference on Concussion in Sport Held in Zurich, November 2008. J Athl Train. 2009; 44(4):434-448