



OISA Concussion Management Policy and Procedures

Knowledge of head injuries has increased and treatment has changed based on new research. Consequently, the management of even mild head injuries has changed dramatically. We now know that all cognitive and physical exercise increases symptoms and slows recovery. The following are the policy and procedures for OISA to follow in managing head injuries.

OISA seeks to provide a safe return to activity for all students after injury, particularly after a head injury. In order to effectively and consistently manage these injuries, OISA abides by the following policy and procedures that have been developed to aid in ensuring that concussed athletes are identified, treated and referred appropriately, receive appropriate follow-up medical care, and are fully recovered prior to returning to activity.

This policy and procedures will be reviewed on a yearly basis by the OISA Board. Any changes or modifications will be reviewed and published on the OISA website.

In addition, all OISA Board and Coaches will participate in annual concussion training in which policy and procedures for managing sports-related concussion are discussed.

Adopted on January 5, 2021



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I. Recognition of head injuries

A. Signs (observed by others):

1. Student appears dazed or stunned
2. Contusion (about assignment, plays, etc.)
3. Forgets assignments, plays, etc.
4. Moves clumsily (altered coordination)
5. Balance problems Personality change
6. Responds slowly to questions
7. Loss of consciousness (any duration)

B. Symptoms (reported by student):

1. Headache
2. Fatigue
3. Nausea or vomiting
4. Double vision, blurry vision
5. Sensitive to light (may need to wear sunglasses)
6. Sensitive to noise (no caf, music, assemblies, hall passing)
7. Feels sluggish
8. Feels "foggy"
9. Problems concentrating

C. These signs and symptoms are indicative of probable concussion. Other causes for symptoms should also be considered.

D. Along with above signs and symptoms, Coaches or Team Advisors should conduct basic sideline cognitive testing. Sample questions are:

1. What is your name? How old are you?
2. Do you know where you are right now? What state are we in? What mountain are we on?, etc.
3. Do you know today's date? What day of the week is it? What month are we in?, etc.
4. Do you know what happened to you? How did you hit your head? What happened before your injury? Do you remember anything leading up to the injury?, etc.



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II. ImPACT neuropsychological testing recommendations

- A. Neuropsychological testing is utilized to help determine recovery after concussion.
- B. ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) is a research-based software tool utilized to evaluate recovery after concussion. It was developed at the University of Pittsburgh Medical Center (UPMC). ImPACT evaluates multiple aspects of neurocognitive function, including memory, attention, brain processing speed, reaction time, and post-concussion symptoms.
- C. All OISA athletes are encouraged to take a baseline ImPACT test (usually freshman year) through their local school or medical clinic.
- D. All OISA athletes are encouraged to take a new baseline ImPACT test their junior year through their local school or medical clinic.

III. Management and Referral Guidelines for All Staff

- A. Any student with a witnessed loss of consciousness of any duration should be transported immediately to the nearest emergency department via emergency vehicle.
- B. Any student who has symptoms of concussion and who is not stable (i.e. condition is changing or deteriorating) is to be transported immediately to the nearest emergency department via emergency vehicle.
- C. Any student who is symptomatic but stable may be transported by his or her parents. The parents should be advised to contact the athlete's primary care physician, or seek care at the nearest emergency department, on the day of the injury.
- D. ALWAYS give parents the option of emergency transportation, even if you do not feel it is necessary.

IV. Guidelines And Procedures For Coaches: **RECOGNIZE. REMOVE. REFER**

- A. **RECOGNIZE** concussion
 - 1. All coaches should become familiar with the signs and symptoms of concussion that are described in section I.
 - 2. Very basic cognitive testing should be performed to determine cognitive deficits.
- B. **REMOVE** from activity
 - 1. If a coach suspects the athlete has sustained a concussion, the athlete should be removed from activity until evaluated medically.
 - 2. Any athlete who exhibits signs or symptoms of a concussion should be removed immediately, assessed, and should not be allowed to return to activity that day.
- C. **REFER** the athlete for medical evaluation
 - 1. Coaches should seek assistance from the ski resort if on snow.
 - 2. Coaches should report all head injuries to the Team Advisor, as soon as possible, for coordination of referral and follow-up care.
 - 3. The Team Advisor will be responsible for contacting the athlete's parents.



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- a) inform them of the injury
 - b) make arrangements for them to pick the athlete up
 - c) provide follow-up instructions
 - d) remind the athlete to report directly to the school nurse before school starts, on the day he or she returns to school after the injury
4. If the Team Advisor is unavailable, the Coach is responsible for notifying the athlete's parents of the injury.
- a) inform them of the injury
 - b) make arrangements for them to pick the athlete up
 - c) provide follow-up instructions
 - d) remind the athlete to report directly to the school nurse before school starts, on the day he or she returns to school after the injury
 - e) Contact the Team Advisor so that follow-up can be initiated.
5. In the event that an athlete's parents cannot be reached, and the athlete is able to be sent home (rather than directly to MD):
- a) The Coach or Team Advisor should ensure that the athlete will be with an emergency contact, who is capable of monitoring the athlete and understanding the home care instructions, before allowing the athlete to go home.
 - b) The Coach or Team Advisor should continue efforts to reach the parent.
 - c) 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.
6. Athletes with suspected head injuries should not be permitted to drive home.

V. RETURN TO PLAY (RTP) PROCEDURES AFTER CONCUSSION

- A. Returning to participate on the same day of injury
 1. As previously discussed in this document, an athlete who exhibits signs or symptoms of concussion, or has abnormal cognitive testing, should not be permitted to return to play on the day of the injury. Any athlete who denies symptoms but has abnormal sideline cognitive testing should be held out of activity.
 2. "When in doubt, hold them out."
- B. Return to play after concussion
 1. The athlete must meet all of the following criteria in order to progress to activity:
 - a) Asymptomatic at rest and with exertion (including mental exertion in school) AND:
 - b) Within normal range of baseline on post-concussion ImpACT testing (if administered) AND:



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- c) Have written clearance from primary care physician or specialist (athlete must be cleared for progression to activity by a physician other than an Emergency Room physician).
2. Once the above criteria are met, the athlete will be progressed back to full activity per recommendation by the physician.
3. Progression is individualized, and will be determined on a case by case basis by the physician. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport should be progressed more slowly.
4. Stepwise progression as described in the Prague Statement:
 - a) No activity - do not progress to step 2 until asymptomatic
 - b) Light aerobic exercise - walking, stationary bike
 - c) Sport-specific training (e.g., skating in hockey, running in soccer)
 - d) Non-contact training drills
 - e) Full-contact training after medical clearance
 - f) Game play

Note: The athlete should spend 1-2 days at each step before advancing to the next. If the athlete experiences post-concussion symptoms during any phase, the athlete must stop the activity and notify the treating physician. The athlete may need to drop back to the previous asymptomatic level and resume the progression after 24 hours.
5. The Coach and athlete will discuss appropriate activities for the day regarding permitted activities as outlined by the physician.
6. The athlete should see the Coach at each activity for instructions until he or she has progressed to unrestricted activity, and been given a written report to that effect, from the physician.

Adapted from Safety of School Sports-Concussion Oregon Administrative Rule 581-022-0421 Guidance Document.

In addition to recent research, two primary documents were consulted in developing this protocol. The "Summary and Agreement Statement of the 2nd International Conference on Concussion in Sport, Prague 2004" and the "National Athletic Trainers' Association Position Statement: Management of Sport-Related Concussion".

1 McCrory P, et al. Summary and Agreement Statement of the 2nd International Conference on Concussion in Sport, Prague 2004. *ClinJSports Med* 2005; 15(2):48-55.

2 Guskiewicz KM, et al. National Athletic Trainers' Association Position Statement: Management of Sport-Related Concussion. *JAthl Train*. 2004;39(3):280-297.