

ANCHORAGE SCHOOL DISTRICT GUIDELINES

CONCUSSION PREVENTION, IDENTIFICATION, TREATMENT, AND MANAGEMENT

Concussions are a serious concern for students participating in sports. A concussion is a traumatic brain injury. The effects of concussion can be mitigated by prompt recognition and appropriate response. These Guidelines focus on concussion education, prevention, uniform concussion response, and safe and appropriate return-to-play.

Education of coaches, athletes, and parents about the nature and risks of concussion is in the best interest of student-athletes at the middle and high school levels. A competitive athletic culture of playing through pain or “toughing it out” puts student-athletes at risk of brain injury, disability, and/or death as a result of concussion and repeat concussion injuries. Allowing a student-athlete to return to play before recovering from a concussion greatly increases the risk of serious and permanent injury.

Alaska law, AS 14.30.142-.143, requires ASD to develop and publish guidelines and other information to educate coaches, student-athletes, and their parents regarding the nature and risks of concussion. Other requirements of the law are incorporated in the Guidelines below, including rules regarding annual notice to athletes and parents and conditions for return-to-play.

I. TRAINING

A. Initial Training for Coaches

1. All coaches must receive initial training in the recognition and management of sports concussions, including an understanding of these guidelines.
2. Training must be documented.
 - a. ASD Employee training will be tracked in MyLearningPlan.
 - b. Volunteers and contract hires will be documented through a written verification of training kept on file with the school they are supporting.
3. Initial training is required prior to the start of the applicable season.
4. Training will be delivered either as:
 - a. Face-to-face training, or
 - b. Combination of video and ASD Tube.

B. Initial Training for Nurses

1. All nurses must receive initial training in the recognition and management of sports concussions, including an understanding of these guidelines.
2. Training must be documented.
 - a. ASD Employee training will be tracked in MyLearningPlan.
 - b. Contract hires will be documented through a written verification of training kept on file with the school they are supporting.
3. Initial training is required at the start of the 2011-2012 school year.
4. Training will be delivered either as:
 - a. Face-to-face training, or
 - b. Combination of video and ASD Tube.

C. Refresher Training

Coaches and nurses will receive refresher training every 3 years, or whenever refresher training is determined to be necessary.

D. Information for School Staff of Affected Athletes

Counselors, teachers, and other staff responsible for the instruction or supervision of an athlete with a concussion will familiarize themselves with the concussion fact sheet and any return-to-play/return-to-school orders provided by the nurse and will modify the student's daily schedule accordingly.

E. Emergency Medical Technicians (EMTs)

1. ASD will provide a copy of these Guidelines to the central dispatch for EMTs who provide medical services to student-athletes during organized sporting events.
2. ASD requests that all reporting EMTs familiarize themselves with these guidelines.
3. ASD will coordinate with EMTs to provide access to ASD coaches training on concussions, if desired.

II. PREVENTION

A. Sports Equipment

1. Safety equipment shall be properly maintained in working condition.

2. The equipment utilized shall be appropriate for the athlete and the position.
3. No athlete may be permitted to play without required equipment.
4. Safety equipment must fit properly and be worn correctly.

B. Athlete Education

1. The head coach is responsible for insuring that all participating athletes receive instruction on the risks of concussion.
2. Instruction shall occur at the beginning of the season and throughout as appropriate.
3. Instruction will cover the following:
 - a. The signs and symptoms of concussion.
 - b. The importance of reporting concussion symptoms in self or teammate.
 - c. The importance of full recovery: for health, safety, and performance.
 - d. The importance of safety rules in minimizing the risk of concussion.
 - e. The importance of rules of the game and sportsmanship in minimizing the risks of concussion.
 - f. Any other procedures or prevention tools for the applicable sport.

III. FACT SHEET FOR PARENTS/ATHLETES

A. Required by law as a condition of play:

Alaska Statute 14.30.142 requires ASD to annually provide athletes and their parents written information on the nature and risks of concussion. A student may not participate in ASD athletic activities unless the student and parent have signed a verification of receipt of this information.

B. “CONCUSSION IN SPORTS – A FACT SHEET FOR ANCHORAGE SCHOOL DISTRICT ATHLETES AND PARENTS”

1. This Fact Sheet will be disseminated to every participant, and each participant’s parent/guardian, in all ASD middle and high school sports that require a physical.
2. Dissemination will occur prior to or on the first day of the particular athletic season.

3. An acknowledgement of receipt of this form must be completed for each school year. Both the athlete and the parent/guardian (of all athletes under 18) must sign the verification.
- C. The signed acknowledgement will be retained by the Activities Clerk or school Registrar, as appropriate.

IV. ImPACT PROTOCOL – SUMMARY

- A. The Anchorage School District will follow the ImPACT protocol and guidelines for the management of sports related concussions.
- B. The ImPACT approach recognizes the need for complete recovery and healing in order to minimize injury. It also addresses the effects of a concussion on both the student’s learning environment, as well as athletic participation. ImPACT utilizes a team approach of parents, coaches, nurses, teachers, counselors, the student, and the medical provider so that adjustments can be made for academic work, physical activity, and the level of rest/general activity at home. With multiple parties monitoring the student’s recovery process, this leads to a faster, safer recovery and return to play and normal activities.

V. BASELINE ASSESSMENT

- A. The ImPACT baseline screening is a 20-minute test battery that is administered pre-season under the supervision of an ASD proctor and utilizing ASD computers. The baseline test is taken before a concussion and establishes a student’s “normal” cognitive baseline. When a concussion is suspected, a follow up or “post-injury” test is recommended to determine if the results have changed from the baseline. This testing helps diagnose and manage the concussion, as well as assisting with the return-to-play decision. This screening test is not an IQ test.
- B. All students who participate in a middle or high school sport that requires a sports physical must obtain an ImPACT baseline screening.
- C. How Often: A student is required to have a maximum of two baseline screenings, one in middle school and one in high school. The baseline is to be administered prior to or at the beginning of the first sports activity in which the student participates in middle school and again in high school.

- D. Information to Parents: Parents are informed of the baseline requirement in the Concussion in Sports Fact Sheet that must be provided to each parent/guardian.
- E. Costs: The baseline screening is \$5 and will be paid for by the parent and/or student. Because this amount is minimal, ASD is not formally offering financial waivers for the baseline screening. However, if contacted by a parent who states an inability to pay, please consult with the Activities Principal, or designee.
- F. The student's baseline screening reference number (assigned to the student's screening and utilized to access the baseline data) shall be recorded in Zangle for future access in the event of a concussion.
- G. Practice/game accessibility to baseline screening information and referral: In addition to emergency contact information, each coach is responsible for ensuring that he or she has a form for post-injury ImPACT referral and testing. This form is to be given to parents and/or responding emergency medical providers and explains the student has on file an ImPACT baseline assessment.

VI. MANAGEMENT AND REFERRAL FOR SPORTS-RELATED CONCUSSION: STUDENT HAS EXPERIENCED IMPACT OR HEAD INJURY¹

A. Medical Emergencies

If a student athlete experiences any of the following, 911 should be immediately called, unless EMTs are present and responding. The student should be transported to the nearest emergency department via emergency vehicle, unless the responding medical provider deems otherwise.

1. An athlete has a witnessed loss of consciousness (LOC) of any duration.
2. An athlete has symptoms of concussion and is not stable because the athlete's condition is changing or deteriorating.
3. An athlete exhibits or reports any of the following symptoms:
 - Any signs or symptoms of spine or skull fracture, or bleeding
 - Blurry or double vision

¹ The following protocol for the management and referral for sports-related concussion was developed by Alaska Neuro Associates, LLC, and has been reprinted with permission.

- Decreased or irregular pulse or breathing
 - Difference in pupil size from right to left eye or pupils that do not react to light (fixed/dilated pupils)
 - Headache that gets significantly worse over time
 - Loss of consciousness
 - Noticeable changes in the level of consciousness
 - Seizure activity
 - Slurred speech
 - Vomiting
- B. An athlete, 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.
- C. Always give parents the option of emergency transportation, even if you do not feel it is necessary.

VII. PROCEDURES FOR THE COACHING STAFF

RECOGNIZE, REMOVE, REFER

- A. **Recognize** concussion
1. All coaches should become familiar with the signs and symptoms of concussion that are listed on the front side of the Sideline ImPACT Card.
 2. Basic cognitive screening should be performed to determine cognitive deficits. (Sideline ImPACT Card)
 3. When EMTs are present, coaches should defer to EMTs for cognitive screening.
- B. **Remove** from activity
1. “A student who is suspected of having sustained a concussion during a practice or game shall be immediately removed from the practice or game.” (AS 14.30.142(c)).
 2. If a coach suspects the athlete has sustained a concussion, the athlete should be removed from activity until evaluated.

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.

3. The coach/medical personnel will assess the injury with the Sideline ImPACT Card.
4. Immediate referral to hospital, via 911, EMTs, or parents, will occur if appropriate.
5. The coach/medical personnel will notify the athlete's parents/guardian.

Inform parents of the injury and make arrangements for them to pick the athlete up at school or other location.

6. A student exhibiting signs of concussion should NEVER be left unattended.
7. WHEN IN DOUBT, SIT THEM OUT.

C. **Refer** the athlete for medical evaluation

1. Give the parents a referral form for neurocognitive assessment that includes a summary description of ImPACT post-concussion testing and includes the student's baseline screening reference number.
2. Referral form will be prepared and updated as needed by ASD Health Services Department.
3. Coaches continue to provide coordinated care with the school nurse, for the duration of the injury.

VIII. FOLLOW-UP CARE OF THE ATHLETE DURING THE SCHOOL DAY

- A. Concussion is a brain injury. Students with a concussion may be impacted in their ability to perform all activities, not just athletic ones. Students may also experience mood changes. As they recover, students may need temporary accommodations regarding instructional time, course load, computer use, assistance with passing time, limitations on PE or other physical activity, etc.

- B. Responsibilities of the school nurse after notification of student's concussion:
1. Receive and keep on file the recommendations from the student's treatment provider.
 2. The student will be instructed to report to the school nurse upon his or her return to school. At that point, the school nurse will:
 - a. Review physical and school activity recommendations with the student and, in coordination with the school counselor, adjust class schedule and/or class requirements based on the accommodations or restrictions determined by the treatment provider.
 - b. Send a copy of accommodations/restrictions to the student's teachers, along with the Concussion in Sports Fact Sheet.
 3. Monitor the student and symptoms until the qualified treatment provider releases them to return to play and to return to regular school activities.
 4. Contact the parent and treatment provider with any questions or concerns regarding the athlete.

IX. RETURN-TO-PLAY

- A. Legal Requirements: A student who has been removed from a practice or game for suspicion of concussion may not return to play until the student has been evaluated and cleared for participation, in writing, by a qualified person who has received training and is currently certified, as verified in writing or electronically by the qualified person, in the evaluation and management of concussions. "Qualified person" means either a health care provider licensed in Alaska, or exempt from licensure; or a person acting at the direction and under the supervision of a physician licensed in Alaska, or exempt from licensure. (AS 14.30.142(d))
- B. Any return-to-play authorization must be based upon a neurocognitive assessment. A physical examination, alone, or an assessment by a licensed health care provider not certified in the treatment of concussion injuries, is not sufficient.

C. “ANCHORAGE SCHOOL DISTRICT MEDICAL RELEASE FOR CONCUSSION PATIENT”

1. **This is the only form currently accepted by ASD to demonstrate that a student is safe to return to play following a concussion.**
2. Parents/athletes, as well as providers upon request, will be given the “Anchorage School District Medical Release for Concussion Patient.” This form may also be downloaded from the ASD website at http://www.asdk12.org/activities/high/participant_HS.asp
3. This form requires the health care provider to certify that he or she is trained and certified in the evaluation and management of concussions as required by AS 14.30.142. This form also requires the health care provider to certify that a neurocognitive assessment was performed.

D. Coaches and school staff will adhere to any requirements of the health care provider for graduated return to play and any other restrictions.

X. CONTACT FOR FURTHER QUESTIONS:

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