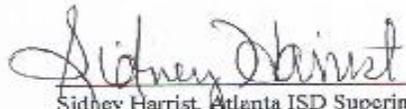
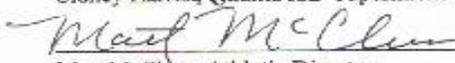
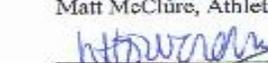
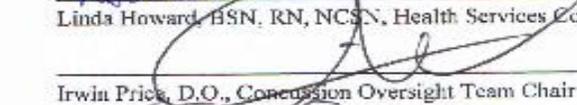
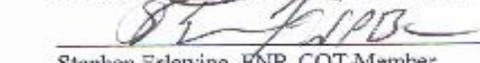
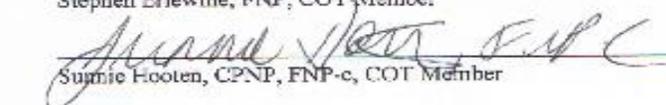




# Atlanta ISD Concussion Management Plan

In compliance with TEC 38.151 – 38.160

 Sidney Harrist, Atlanta ISD Superintendent	7-18-17 Date
 Matt McClure, Athletic Director	7-18-17 Date
 Linda Howard, BSN, RN, NCSN, Health Services Coordinator	7/18/17 Date
 Irwin Price, D.O., Concussion Oversight Team Chair Signature	6/29/2017 Date
 Stephen Erlewine, FNP, COT Member	6/29/2017 Date
 Sumie Hooten, C2NP, FNP-c, COT Member	6/30/2017 Date

Review Date: June 19, 2017



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## Guidelines

Implementation of TEC 38, Subchapter D  
Natasha's Law  
Prevention, Treatment and Oversight of Concussions Affecting Student Athletes

### A. Definition of Concussion

[Tec 38.151]

There are numerous definitions of concussion available in medical literature. The universally expressed definition is that

1. Concussion is the result of a physical, traumatic force to the head,
2. That force is sufficient to produce altered brain function which may last for a variable duration of time.

Chap. 38, Sub Chapter D of the Texas Education Code considers the following, as appropriate to define a concussion:

*“Concussion” means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may:*

- A. *Include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and*
- B. *Involve loss of consciousness*

### B. Applicability of Concussion Guidelines

[Tec 38.152]

Applies to an interscholastic athletic activity, including practice and competition, sponsored or sanctioned by the school district or interscholastic league

### C. Required Annual Acknowledgment of Concussion Information

[Tec 38.155]

Parent and student will be required to acknowledge each school year that they have received and read written information explaining concussion prevention, symptoms, treatment, and guidelines for resuming participation in an athletic activity following a concussion. This form is obtained through AISD Athletic Department or electronically at <http://www.uil texas.org/files/athletics/forms/rules-acknowledgement.pdf> and must be on school file before student may participate in an athletic interscholastic activity.

**D. Concussion Oversight Team (COT)**

[TEC 38.153 and 38.154]

1. The purpose of the concussion oversight team is to establish a Return-To-Play Protocol, based on peer-reviewed scientific evidence, for a student’s return to interscholastic athletics practice or competition following the force or impact believed to have caused a concussion. The adopted protocol, at a minimum, shall adhere to the UIL Concussion Management Protocol, based on guidelines from the National Federation of State High School Associations, which have mandated the UIL Legislative Council and the UIL Medical Advisory Committee.
2. A specific membership criterion exists for COT by law. Tec 38.154
3. The Atlanta ISD Board of Trustees will approve the member(s) the Concussion Oversight Team.
4. The Concussion Oversight Team for Atlanta ISD consists of the following:

Irwin “Bo” Price, D.O.

Steve Erlewine, FNP

Sunnie Hooten, CPNP, FNP-c

**E. Responsible Individuals**

At every activity under the jurisdiction of the UIL in which the activity involved carries the potential risk for concussion in the participants, there should be a designated individual who is responsible for identifying student-athletes with symptoms of concussion injuries.

This will include the following:

An Atlanta ISD coach with appropriate and documented training in the recognition of the signs and symptoms of a concussion in athletes will be on-site during any UIL activity that carries a potential for concussion in participants.

**F. Response to Suspected Concussion**

A student shall be removed from an interscholastic athletic practice or competition immediately if one of the following persons believes the student might have sustained a concussion during the practice or competition:

- A. Coach
- B. Physician
- C. Licensed Health care professional
- D. Student’s parent or guardian or another person with legal authority to make medical decisions for the student

## **G. Signs/Symptoms of Concussion**

Concussion can produce a wide variety of symptoms. Symptoms reported by athletes may include: Headache, nausea, balance problems, double or fuzzy vision, sensitivity to light or noise, feeling sluggish, feeling foggy or groggy, concentration or memory problems, confusion.

Signs observed by parents, friends, teachers, or coaches may include: Appears dazed or stunned, is confused about what to do, forgets plays, is unsure of game score or opponent, moves clumsily, answers questions slowly, loses consciousness, shows behavior or personality changes, cannot recall events prior to hit, or can't recall events after hit.

## **H. Management of Suspected Concussion**

If a student athlete demonstrates signs or symptoms consistent with concussion, the following plan will be implemented;

1. The student athlete shall be immediately removed from the game or practice (to include any weight training or conditioning sessions)
2. The parent or guardian of the student athlete will be notified and provided information about the possible concussion
3. The athletic director or his designee will arrange, with the parent or another person with legal authority to make medical decisions for the student, for an appropriate evaluation by a physician
4. If it is determined that a concussion has occurred, the student athlete shall not be allowed to return to participation that day regardless of how quick the signs or symptoms of the concussion resolve and shall be kept from activity until the following requirements have been met:
  - a. The treating physician has provided the parent/guardian of the student athlete and the athletic director, a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play, which will be documented on the Atlanta ISD Athletic Department "Physician Return to Play Clearance Form."
  - b. All steps for the Return to Activity/Play Progression Protocol have been met
    - i. High School student athlete shall be symptom free for 24 hours prior to initiating the return to play progression
    - ii. Middle school student athlete shall be symptom free for 120 hours prior to initiating the return to play progression
    - iii. Progression continues at 24 hour intervals as long as the high school student athlete is symptom free a each level
    - iv. Progression continues at 48 hour intervals for middle school athlete is symptom free at each level
    - v. If the student athlete experiences any post-concussion symptoms during the return to activity progression, activity is discontinued and the student athlete must re-evaluated by a physician.
  - c. A coach of an interscholastic athletics team may not authorize the student's return to play

## **I. Return to Activity/Play Protocol**

Supervised progression of activities will be followed based on compliance with the above information. Progression will be initiated by the athletic director, or designee. All steps of the Progression will be documented [Atlanta ISD Return to Play Checklist Form, *page 16*].

High School student athlete shall be symptom free for 24 hours prior to initiating the return to play progression (120 hours for Middle student athletes)

Progress continues at 24 hour intervals as long as the high school student athlete is symptom free at each level (48 hour intervals for middle school student athletes).

If the student athlete experiences any post-concussion symptoms during the return to activity progression, activity is discontinued and the student athlete must be re-evaluated by a licensed health care professional.

Phase I: No exertional physical activity until High School student is symptom free for 24 hours (120 hours for middle school student athletes) AND receives written clearance from a physician and submission of the required documentation following the concussion injury to the AISD Athletic Director or designee (see attached form).

Phase II: Step 1: When the athlete completes Phase I, begin supervised light aerobic exercise (5-10 minutes on an exercise bike, or light jog); NO weight lifting, resistance training, or any other exercise

Step 2: Supervised moderate aerobic exercise (15-20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.

Step 3: Non-contact training drills in full uniform. May begin supervised weight lifting, resistance training, and other exercises

Step 4: Full contact practice or training

Step 5: Full game play

## **J. Full Return to Activity/Play**

All aspects of the above Protocols and Progression, as well as all required documentation must be on file in the Office of the Superintendent prior to full return to play. Copies of all documentation will be available to parent/guardian.

## **K. Subsequent Concussion**

Any subsequent concussion requires further medical evaluation, which may include a physical examination prior to return to participation. Written clearance from a physician is required as outlined in TEC Section 38.157 before any participation in UIL practices, games or matches.

## **L. Return to Learn: Potential Need for School/Academic Adjustments & Modification Following Concussion**

It may be necessary for individuals with concussion to have both cognitive and physical rest in order to achieve maximum recovery in shortest period of time. In addition, to the physical management noted above, it is recommended that the following be considered:

Notification of school nurse and all classroom teachers regarding the athlete's condition

Advise teachers of post-concussion symptoms

Student may need special accommodations regarding academic requirements (such as limited computer work, reading activities, testing, assistance to class, etc) until concussion symptoms resolve.

## **M. Evaluation Domains**

Concussion evaluation includes three separate domains of brain function:

- Physical/Motor
- Cognitive
- Behavioral/Emotional

These represent functions of widely different anatomical regions in the brain (although there are cross over/ dual functions in some areas). Evaluation should focus on each domain separately; never assume that if one domain is symptom free the others will also be without symptoms.

Separate evaluation protocols/instruments are employed to assess each domain.

Documentation of the method of assessment is always helpful to have for subsequent examiners.

<b>Physical/Motor</b>	<b>Cognitive</b>	<b>Behavior/Emotional</b>
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

**N. Training Requirements**

[Tec 38.158]

- A. Coaches must obtain no less than two (2) accumulative hours of training in the subject matter of concussions over a two (2) year period.
  - a. Concussion training course must be UIL approved
  - b. UIL maintains the updated list of authorized trainings and training resources for coaches.
  - c. Athletic Director will be responsible for ongoing documentation of staff training compliance
- B. A physician who serves on the COT will the greatest extent practical will periodically take a appropriate continuing medical education course on the matter of concussions
- C. Other training requirements apply by law for other health care professionals serving on COT or fulfilling Athletic Trainer roles.

**O. Immunity**

TEC 38.159 Subchapter does not:

- (1) Waive any immunity from liability of a school district or open-enrollment charter school or of district or 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 74.154, Civil Practice and Remedies Code, or
- (4) Create any cause of action liability for a member of a concussion oversight team arising from the injury or death of a student participation in a interscholastic athletics practice or competition, based on service or participation on concussion oversight team.

# Documentation of Concussion Incident and Return to Play Process

## Forms



# School Concussion Reporting Form

## Required Documentation for Athletic Concussion Incident

To be completed by supervising coach who witnessed the injury or who athlete reported injury to.

Use ink and submit completed form to District's Athletic Director

Athlete's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Campus \_\_\_\_\_ Grade \_\_\_\_\_ Student ID \_\_\_\_\_ Sport \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time \_\_\_\_\_ Site \_\_\_\_\_ Game or Practice (circle one)

- Describe how injury occurred \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Describe initial symptoms/complaints \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Initial treatment: **ATHLETE SHOULD BE REMOVED FROM ACTIVITY IMMEDIATELY.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Parent Contact Information \_\_\_\_\_

- Was athlete taken to the Emergency Room? Yes or No (circle one)

- Was the athlete diagnosed with a concussion or closed head injury by a physician? Yes or No (circle one)

**If no**, athlete will follow, written doctor orders and will be released to play as per physician orders.

**If yes**, athlete must follow physician orders and be re-evaluated by athlete's primary care physician for final clearance to begin the return to play protocol.

- Other notes \_\_\_\_\_

Coach Name (print) \_\_\_\_\_ Contact number \_\_\_\_\_

Coach Signature \_\_\_\_\_ Date \_\_\_\_\_



## Parent Notification of Suspect Concussion

**Athlete's Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Referring Coach** \_\_\_\_\_

**Your son/daughter has demonstrated and/or reported the signs or symptoms consistent with concussion.**

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 cannot 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.

Signs & Symptoms Observed	Symptoms Reported by Athlete
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignments or position	Nausea or vomiting
Forgets instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitive to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows behavior or personality changes	Concentration or memory problems
Cannot recall events prior to hit or fall	Confusion
Cannot recall events after hit or fall	Does not “feel right:

The follow plan has been implements, as per UIL requirements, as well as, compliance with Chapter 38, Sub Chapter D of the Texas Education Code for concussion management in Atlanta ISD student-athletes participating in activities under the jurisdiction of UIL.

1. The student athlete shall be immediately removed from the game or practice (including any weight training or conditions sessions)
2. The parent or guardian of the student athlete will be notified and provided information about the possible concussion
3. Arrangements will be made for the student athlete to be evaluated by a physician

4. If it is determined that a concussion has occurred, the student athlete shall not be allowed to return to participation that day regardless of how quick the signs and symptoms of concussion resolve and shall be kept for activity until the following requirements have been met:
  - a. The treating physician has provided the parent/guardian of the athlete and the Athletic Director, a written statement indicating that in the physician's professional judgment, it is safe for the student to return to play, which will be documented on Atlanta ISD's Physician Return to Play Clearance Form.
  - b. All the steps of the Return to Activity/Play Progression Protocol have been met
    - i. High school student athletes shall be symptom free for 24 hours prior to initiating the return to play progression (symptom free for 120 hours for middle school student athletes)
    - ii. Progression continues at 24-hour intervals as long as the high school student athlete is symptom free at each level (Progression will be at 49 hour intervals for middle school student athletes).
    - iii. If the student athlete experiences any post-concussion symptoms during the return to activity progression, activity is discontinued and the student athlete must be re-evaluated by a physician.
  - c. A coach of an interscholastic athletics team MAY NOT authorize a student's return to play

5. Return to Play Progression Protocol

Supervised progression of activities will be based on standardized protocol, following compliance with the above information. Return to Play Progression will be initiated by the athletic director, or designee. All steps of the progression will be documented on "Return to Play Checklist" form.

High School student athlete shall be symptom free for 24 hours prior to initiating the return to play progression (120 hours for Middle student athletes)

Progress continues at 24-hour intervals as long as the high school student athlete is symptom free at each level (48 hour intervals for middle school student athletes).

If the student athlete experiences any post-concussion symptoms during the return to activity progression, activity is discontinued and the student athlete must be re-evaluated by a licensed health care professional.

Phase I: No exertional physical activity until High School student is symptom free for 24 hours (120 hours for middle school student athletes) AND receives written clearance from a physician and submission of the required documentation following the concussion injury to the AISD Athletic Director or designee (see attached form).

Phase II: Step 1: When the athlete completes Phase I, begin supervised light aerobic exercise (5-10 minutes on an exercise bike, or light jog); NO weight lifting, resistance training, or any other exercise

Step 2: Supervised moderate aerobic exercise (15-20 minutes of running at moderate intensity in the gym or on the field) without a helmet or other equipment.

Step 3: Non-contact training drills in full uniform. May begin supervised weight lifting, resistance training, and other exercises

Step 4: Full contact practice or training

Step 5: Full game play

# Physician Return to Play Clearance Form

Atlanta Independent School District

Athlete's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please check:

\_\_\_ No Sports/No Play until \_\_\_\_\_

\_\_\_ May advance activity to Follow the Return to Play Protocol

\_\_\_\_\_  
Physician's Signature Date

\_\_\_\_\_  
Physician's Printed Name Phone number

## -----Return to Play Concussion Management Protocol-----

After the return to play form has been completed by the parent or guardian, and the physician clearance is received, supervised progression of activities will be as follows:

High School athletes MUST be symptom free for 24 hours prior to initiating return to play progression.

Middle school athletes MUST be symptom free for 120 hours prior to initiating return to play progression.

Step progression continues at 24-hour intervals as long as athlete is symptom free at each level. Middle school athletes continue at 48-hour intervals. If any symptoms return during the progression, activity is discontinued and the progression will begin a Phase I.

Phase I: No exertional physical activity until the high school athlete is symptom free for 24-hours (120 for middle school athlete), receives written clearance from a physician and has submitted the Return to Play Form to Head Coach/Athletic Director.

Phase II: Step I: Begin light aerobic exercise, 5-10 minutes of exercise on bike, or like jog; no weight lifting, resistance training, or any other exercise.

Step II: Moderate aerobic exercise 15-20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment

Step III: Non-contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises

Step IV: Full contact practice and training

Step V: Full game play





# 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)*



# ATLANTA ISD RETURN TO PLAY CHECKLIST

<b>ATHLETE'S NAME</b>		<b>DATE OF INJURY</b>			
<b>PHASE I</b> <b>NO PHYSICAL ACTIVITY UNTIL:</b> <ul style="list-style-type: none"> <li>• ATHLETE IS SYMPTOM FREE 24-HOURS, AND</li> <li>• A COMPLETED <b>PHYSICIAN RETURN TO PLAY CLEARANCE FORM</b> IS ON FILE</li> </ul>		Initial of Coach:			
<b>PHASE II</b>	<b>ACTIVITY DESCRIPTION</b>	<b>SYMPTOM(S) REPORTED</b>	<b>INITIAL OF COACH</b>	<b>INITIAL OF STUDENT</b>	<b>DATE</b>
<b>STEP 1—</b>	BEGIN SUPERVISED LIGHT AEROBIC EXERCISE (5-10 MINUTES ON AN EXERCISE BIKE OR LIGHT JOG); NO WEIGHT LIFTING, RESISTANCE TRAINING, OR ANY OTHER EXERCISE				
<b>STEP 2—</b>	SUPERVISED MODERATE AEROBIC EXERCISE (15-20 MINUTES OF RUNNING AT MODERATE INTENSITY IN THE GYM OR ON THE FIELD WITHOUT A HELMET OR OTHER EQUIPMENT				
<b>STEP 3—</b>	BEGIN NON-CONTACT TRAINING DRILLS IN FULL UNIFORM  MAY BEGIN SUPERVISED WITH LIFTING, RESISTANCE TRAINING, OR OTHER EXERCISES				
<b>STEP 4—</b>	FULL PRACTICE OR TRAINING.				
<b>STEP 5—</b>	FULL GAME PLAY				
IF ATHLETE EXPERIENCES POST-CONCUSSION SYMPTOMS DURING THE RETURN TO PLAY PROCESS, ACTIVITY IS IMMEDIATELY DISCONTINUED AND THE ATHLETE MUST BE RE-EVALUATED BY PHYSICIAN.					
ATHLETIC DIRECTOR SIGNATURE			DATE		
SUPERINTENDENT SIGNATURE			DATE		



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