

Calhoun County Public School District Concussions and Head Injuries Procedures

The Calhoun County Public School District recognizes that concussions and head injuries are commonly reported injuries in contact sports.

On an annual basis, a concussion and head injury information sheet shall be completed and returned to the school district by the student athlete and the student athlete's parent or guardian prior to the student athlete's participation in practice or competition.

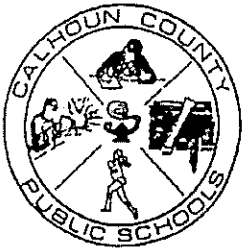
The athletic director shall provide written instructions to all coaches to ensure that no student athletes are allowed to participate in practice or competition prior to the receipt of a parent-signed concussion and head injury information sheet.

The athletic director shall provide annually to all coaches information on head injuries as well ensure all coaches (paid and/or volunteer) take a required National Federation of State High School Associations (NFHS) Concussion Course. The information shall include symptoms of head injuries and concussions; procedures for observation of student athletes suspected of head injuries or concussions; and prevention guidelines for head injuries and concussions.

Any coach or staff allowing a student athlete to participate in practice or competition prior to receipt of a signed concussion and head injury information sheet shall be disciplined and may be terminated from employment in the extra duty assignment.

A student athlete who is suspected of sustaining a concussion or head injury during practice or game shall be removed from participation at that time. Any student athlete removed from participation shall not be allowed to participate until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussions and received written clearance to return to participation from that health care provider.

Licensed health care providers include medical doctor, doctor of osteopathy, physician's assistant, nurse practitioner, certified athletic trainer, and other health care providers who have documentation of completed training in the evaluation and management of concussions.



Calhoun County Public School District

Athletic Department

Concussion and Head Injury

Fact Sheet Parent/Guardians

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

WHAT ARE THE SYMPTOMS REPORTED BY ATHLETES?

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

WHAT ARE THE SIGNS OF OBSERVED BY PARENTS/GUARDIANS?

- 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)
- Show behavior or personality change
- Cannot recall events prior to hit or fall
- Cannot recall events after hit or fall

HOW CAN I HELP MY CHILD PREVENT A CONCUSSION?

- Ensure they follow their coach’s rules for safety and the rules of the sports.
- Make sure they use the proper equipment.
- Learn the signs and symptoms of a concussion

FOR MORE INFORMATION VISIT:

- www.nfhs.learn
- www.oafa.net
- www.cdc.gov/TraumaticBraininjury/

SCHSL Concussion Return to Play Form

This form is adapted from the Acute Concussion Evaluation (ACE) care plan on the CDC web site. www.cdc.gov/injury. All medical providers are encouraged to review this site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. **Please initial any recommendations that you select.**

Athlete's Name _____ Date of Birth _____
Date of Injury _____

This return to play plan is based on today's evaluation _____ Date of Evaluation _____
Return to this office Date/Time _____
Care plan completed by _____ Return to school on (date) _____

RETURN TO SPORTS

Please Note →

1. Athletes should not return to practice or play the same day that their head injury occurred.
2. Athletes should never return to play or practice if they still have **ANY symptoms**.
3. Athletes, be sure that your coach and /or athletic trainer are aware of your injury, symptoms, and has the contact information for the treating physician. The following are the return to sports recommendations at the present time:

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PHYSICAL EDUCATION: Do Not Return to PE class at this time. May Return to PE class.

- SPORTS:
- Do not return to sports practice or competition at this time.
- May gradually return to sports practices under the supervision of the health care provider for your school or team.
- May be advanced back to competition after phone conversation with attending physician.
- Must return to Physician for final clearance to return to competition.
- OR -
- Cleared for full participation in all activities without restriction.

Medical Office Information (Please Print/Stamp)

Physician' Name _____ Physician's Office phone _____
Physician's Signature _____ Office Address _____

Gradual Return to Play Plan

Return to play should occur in gradual steps beginning with light aerobic exercise only to increase your heart rate (e.g. stationary cycle); moving to increasing your heart rate with movement (e.g. running); then adding controlled contact if appropriate; and finally return to sports competition.

Pay careful attention to your symptoms and your thinking and concentration skills at each stage or activity. After completion of each step without recurrence of symptoms, you can move to the next level of activity the next day. Move to the next level of activity only if you do not experience any symptoms at the present level. If your symptoms return, let your health care provider know, return to the first level and restart the program gradually.

Day 1: Low levels of physical activity (i.e. symptoms do not come back during or after the activity). This includes walking, light jogging, light stationary biking, and light weightlifting (low weight – moderate reps, no bench, no squats).

Day 2: Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate intensity on the stationary cycle, moderate intensity weightlifting (reduce time and or reduced weight from your typical routine).

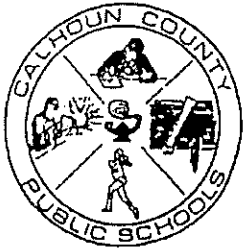
Day 3: Heavy non-contact physical activity. This includes sprinting/running, high intensity stationary cycling, completing the regular lifting routine, non-contact sport specific drills (agility – with 3 planes of movement).

Day 4: Sports Specific practice

Day 5: Full contact in a controlled drill or practice.

Day 6: Return to competition





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Athletic Department
Concussion and Head Injury
Acknowledgement and Information Sheet

This acknowledgement form is to confirm that you have read and understand the **Concussion Fact Sheet** provided to you by Calhoun County Public School District related to potential concussions and head injuries occurring during participation in athletics.

I, _____, as a student-athlete who participates in Calhoun County Public School District's athletic program and I, _____ as the parent/legal guardian have read the information provided to us by the Calhoun County Public School District related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

Signature of Student Athlete

Date

Signature of Parent/Legal Guardian

Date

Signature of Coach

Date

Date Received