



All Saints' Episcopal School

Concussion Management

Requirements, Protocol, and Information

Dear Parent/Guardian:

Please use the following to assist you with your athlete's head injury. However, if your athlete has any drastic changes contact your family physician or emergency room. The following are suggested guidelines for concussion management and do not replace the advice of a physician.

Regular and close monitoring for the first 24 to 48 hours: If your athlete experiences any of the following signs of deteriorating mental status, take them to the hospital immediately.

1. Bleeding or clear fluid draining from the nose or ears
2. Has a headache that gets worse
3. Persistent headaches, neck or back pain
4. Blurred or double vision
5. Has weak or numb arms and/or legs
6. Pupils that do not change size when exposed to light
7. Persistent vomiting
8. Is very drowsy or can't be awakened
9. Can't recognize people or places
10. Behaves unusually, seems confused or very irritable
11. Experiences seizures
12. Is unsteady on their feet
13. Has slurred speech
14. Repeatedly asks the same questions even though you answered them minutes earlier

Treatment:

- **Absolutely "NO" aspirin.** Avoid medications containing aspirin or non-steroidal anti-inflammatories (e.g. Ibuprofen/Advil). Avoid alcohol products, energy drinks, or any other type of blood thinner!
 - Acetaminophen (Tylenol) may be given in over the counter doses 4-6 hours after the injury.
- **Physical Rest:** May perform regular activities of daily living, but limit physical activity.
- **Cognitive Rest:** No video games, television, texting, ipods, or computer activity for the next 72 hours.
 - After 72 hours limit the use of the above activities to 30 minute segments every 4 hours.
- **Observation:** Trust your instincts. Be as involved in the management of your child's concussion as your instincts tell you to be. Don't be afraid to ask your child how he/she is feeling, or to take him to his doctor if you suspect something is wrong.

Protocol (What happens next):

Return to Play ("RTP") Protocol

- Step 1- Rest, until symptom free (physical and cognitive rest)
- Step 2- Once asymptomatic for 24-48 hours take neurocognitive test*
*Does not apply to middle school students; instead, wait 48 hours once asymptomatic with no increase or return of symptoms as a result of classwork. Symptom score sheet will be used to track student's symptoms from injury through 48 hours of being asymptomatic.
- Step 3- Begin the RTP protocol
 - RTP occurs over a minimum of four steps. Must wait 24 hours between each step
 - RTP 1- light aerobic activity (bike or elliptical) 10-20 minutes
 - RTP 2- aerobic (jogging or elliptical) & resistive training for 20-30 minutes
 - RTP 3- sport specific functional drills or non-contact practice
 - RTP 4- full contact activity



- If symptoms return during any step, the student-athlete must go back to the previous step and begin again after 24 hours.
- Total days missed will vary and are determined by how long it takes for symptoms to resolve, and/or if any steps have to be repeated.
- Step 4 – The student-athlete will be cleared to return to full participation after the following requirements are met: completion of the RTP protocol (Steps 1-4) while remaining symptom free; written consent given from the treating physician and the parent/guardian; and all documents submitted to an All Saints' athletic trainer.

INFORMATIONAL LETTER FOR PARENTS OF STUDENTS OF CONCUSSED ATHLETES

All athletes who sustain head injuries are required to be evaluated by a physician on the All Saints' Episcopal School concussion management team or a physician of their choosing and a second member of the management team. This protocol is mandated by HB 2038 "Natasha's Law." They must have a normal physical and neurological exam prior to being permitted to progress to activity. This includes athletes who were initially referred to an emergency department.

The student will be monitored daily at school by the athletic trainer. Nurses and teachers will be notified of their injury and what to expect. Accommodations may need to be given according to physician recommendations and observations.

The student must be asymptomatic at rest and at activities of daily living.

The student may be given a neurocognitive test 48 hours after the concussion. All high school athletes in contact sports will have this assessment prior to their season to form a baseline. All Saints' Episcopal School utilizes the ImPACT software program for this assessment. The athlete's post-injury testing data must be within normal limits before he/she is advised to see a physician for clearance to Return-to-Play.

Once cleared to begin activity, the student will start a progressive step-by-step approach to return-to-play outlined in the following steps.

Progressions:

1. Physician clearance to begin activity
2. Light aerobic activity (bike or elliptical) 10-20 minutes
3. Aerobic (jogging or elliptical) & resistive training for 20-30 minutes
4. Sport specific functional drills or non-contact practice
5. Full contact activity

Note: Athlete progression continues as long as athlete is asymptomatic at current activity level. If the athlete experiences any post-concussion symptoms, he/she will wait 24 hours and start the progressions again from the beginning.

*Upon successful completion of the return to play protocol and prior to return to play the students must have on file the All Saints' Episcopal School Concussion release form signed by the physician allowing return to play and one other concussion management team member stating in their professional opinion it is safe for the athlete to return to play.

In addition, the student's parent or legal guardian must complete the Concussion Return to play form.

Once the athlete has completed the above protocol, he/she may return to their sport with no activity restrictions.



HEADS*UP CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way your brain normally works.
- Can occur during practices or games in any sport or recreational activity.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or "had your bell rung."

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

You can't see a concussion, but you might notice **one or more** of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and the correct size and fit
 - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:

Don't hide it. Report it. Take time to recover.

It's better to miss one game than the whole season.

For more information and to order additional materials *free-of-charge*, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION





ATENCIÓN*

CONMOCIONES CEREBRALES EN LOS DEPORTES DE LA ESCUELA SECUNDARIA

HOJA INFORMATIVA PARA **LOS ATLETAS**

¿Qué es una conmoción cerebral?

Una conmoción cerebral es una lesión del cerebro que:

- Es causada por un golpe o una sacudida en la cabeza o el cuerpo.
- Puede alterar el funcionamiento normal del cerebro.
- Puede ocurrir durante las prácticas o la competición de cualquier deporte o durante las actividades recreativas.
- Puede ocurrir aun cuando no se haya perdido el conocimiento.
- Puede ser grave aunque se trate de un golpe leve o que provoque una sensación de zumbido en la cabeza.

Todas las conmociones cerebrales son graves. Las conmociones cerebrales pueden afectar tus actividades escolares u otras actividades (como jugar video juegos, trabajar en la computadora, estudiar, conducir o hacer ejercicio). La mayoría de las personas que sufren una conmoción cerebral se mejoran, pero es importante tomarse el tiempo necesario para que el cerebro se recupere.

¿Cuáles son los síntomas de una conmoción cerebral?

Aunque la conmoción cerebral no se pueda observar, puede que notes uno o más de los siguientes síntomas o que "no te sientas del todo bien" justo después de la lesión, a los días o las semanas siguientes.

- Dolor de cabeza o "presión" en la cabeza
- Náuseas o vómitos
- Problemas de equilibrio o mareo
- Visión borrosa o doble
- Molestia causada por la luz o el ruido
- Debilidad, confusión, aturdimiento o estado grogui
- Dificultad para prestar atención
- Problemas de memoria
- Confusión

¿Qué debo hacer si creo que he sufrido una conmoción cerebral?

- Avísale a tus entrenadores y a tus padres. Nunca ignores un golpe o una sacudida en la cabeza, aun cuando te sientas bien. También, avísale a tu entrenador enseguida si crees que has sufrido una conmoción cerebral o le puede haber pasado a uno de tus compañeros.
- Ve al médico para que te examine. Un médico u otro profesional de la salud podrá decirte si sufriste una conmoción cerebral y cuándo estarás listo para volver a jugar.
- Tómate el tiempo suficiente para curarte. Si sufriste una conmoción cerebral, tu cerebro necesitará tiempo para sanarse. Cuando tu cerebro se está curando, existe una mayor probabilidad de que sufras una segunda conmoción. Las conmociones cerebrales repetidas pueden aumentar el tiempo de recuperación y dañar más el cerebro. Es importante descansar y no volver a jugar hasta que tu profesional de la salud te indique que ya no tienes más síntomas y que puedes reanudar tu actividad deportiva.

¿Cómo puedo prevenir una conmoción cerebral?

Depende del deporte que practicas, pero puedes tomar una serie de medidas para protegerte.

- Usa el equipo de deporte adecuado, incluido el equipo de protección personal. Para que este equipo te proteja, debe:
 - Ser adecuado para el deporte que practicas, tu posición en el juego y tipo de actividad.
 - Usarse correctamente y ajustarse bien a tu cuerpo.
 - Colocarse cada vez que juegues o practiques.
- Sigue las reglas de seguridad del entrenador y las reglas del deporte que practicas.
- Mantén el espíritu deportivo en todo momento.

Si crees que sufriste una conmoción cerebral:

No trates de ocultarlo. Notifícaselo a alguien. Tómate tiempo para recuperarte.

Es preferible perderse un juego que toda la temporada.

Para obtener más información y solicitar más materiales *de forma gratuita*, visite: www.cdc.gov/Concussion.

DEPARTAMENTO DE SALUD Y SERVICIOS HUMANOS DE LOS EE. UU.
CENTROS PARA EL CONTROL Y LA PREVENCIÓN DE ENFERMEDADES





ALL SAINTS'
EPISCOPAL SCHOOL

Learning beyond books. Caring beyond words. Faith above all.®

Dear Teacher,

_____ is returning to school after having sustained a concussion on ____/____/____ and is currently under the care of a physician. The student may need academic accommodation. If this occurs, you may use the following information to facilitate the accommodation.

A concussion is a complex injury to the brain caused by movement of the brain within the skull. Please observe this student during class. He/she may still be suffering from post-concussion syndrome and may not be able to participate at their normal level. Some things that you may notice are headaches, dizziness, nausea, lethargy, moodiness, blurred vision, poor concentration, mentally slow, depression, or aggression. These symptoms may be temporary or long lasting. Please also realize that the student athlete may seem “normal” at times, and then affected by symptoms within the same class period or throughout the day. This is to be expected with a concussion. Symptoms can disappear and re-appear.

Because these symptoms may linger for an unspecified period of time, the student athlete is likely to miss some school days and you may need to modify school work until he/she is symptom free. Workload, homework, and testing may need to be reduced or more time given. Frequent breaks while doing schoolwork are very important. Pre-printed class notes would be helpful. Math, reading, computer, or other work requiring intense concentration will be more difficult. Reading will very often lead to headaches. Students may also have trouble with the bright lights of your classroom and ask for permission to wear sunglasses. If you have this student at lunch time, they may also ask to go eat in a quiet place to avoid the noisy lunch room.

You are an important member of the team that is treating our athlete. The physician, athletic trainer, and coach only get to see a snapshot of their daily activity. Any information that you observe and you feel would be helpful to us in the care of the athlete, do not hesitate to contact us and share.

Thanks in advance for your assistance,

Sascha Schapiro M.Ed., ATC, LAT
SaschaSchapiro@aseschool.org
817-343-6047



Graded Symptom Check List

Name: _____

Date of Injury: _____

Symptom	At time of injury	Post Injury 1	Post Injury 2	Post Injury 3	Pre ImPACT
Blurred vision					
Dizziness					
Drowsiness					
Easily Distracted					
Excess Sleep					
Fatigue					
Headache					
Inappropriate emotions					
Insomnia					
Irritability					
Loss of Consciousness					
Memory problems					
Mentally foggy					
Nausea					
Nervousness					
Poor balance					
Poor concentration					
Ringing in ears					
Sadness					
Seeing stars					
Sensitivity to light					
Sensitivity to noise					
Sleep disturbance					
Vomiting					

Ask the athlete to grade or score the severity of the symptom on a scale of 0-6.
0=not present and 6=most severe.

Comments: _____

SCAT2Score: _____



All Saints' Episcopal School Sports Medicine Concussion Program

Patient Name: _____ Date of Evaluation: _____

The athlete named above has suffered a concussion and may not return to ANY contact sport activity (practice, games, contact drills) until cleared by this clinic. Please see below for permitted levels of exertion:

_____ No physical exertion until next clinic visit.

_____ No physical exertion until _____. Begin low levels on _____.

_____ Low levels of physical exertion as tolerated (symptoms do not get worse or come back during or after the activity). This includes walking, light jogging, light stationary biking, light weightlifting (lower weight, higher reps, no bench, no squat).

_____ Low levels of physical exertion until _____. Begin moderate exertion on _____ if asymptomatic with low exertion.

_____ Moderate levels of physical exertion as tolerated. This includes moderate jogging/brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).

_____ Moderate levels of physical exertion until _____. Begin heavy exertion on _____ if asymptomatic with moderate exertion.

_____ Heavy non-contact physical exertion as tolerated. This includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills.

_____ Heavy non-contact exertion until _____. May begin full contact practice/play on _____ if asymptomatic with heavy exertion.

_____ Additional recommendations below:

Signature _____



All Saints' Episcopal School Concussion Release Form

Name: _____ Venue: _____ Contact Date: ___/___/___

Sex: ___ M ___ F Age: _____ DOB: ___/___/___ Injury Date: ___/___/___

Sport: _____ Position: _____

Complaint: _____ ___ New Injury ___ Re-injury ___ Follow-up

Diagnosis _____

****Patient is allowed to being the progression phase of the All Saints' Episcopal School concussion protocol. He or she may return to sports after successfully completing the protocol requirements****

Physician: _____ Signature: _____ Date: _____

Physician Name	Address	Phone/fax
----------------	---------	-----------

Parent or other person with legal authority to make medical decisions for the student signs and certifies that he/she:

- 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.
- Understand 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 and, if any return to play recommendations of the treating physician.
- Understands the immunity provisions under Section 38.159 of the Texas Education Code.

Parent/Legal Guardian: _____ Date: ___/___/___

Parent/Legal Guardian Signature: _____

Designated school official verifies:

- 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's 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.

Athletic Trainer Signature: _____ Date Returned: ___/___/___



All Saints' Episcopal School Concussion Management Team

Dr. Jason Wander
601 South Main St. Ste. 200
Keller, TX 76248
817-753-6888

Dr. Damond Blueitt (Team Doctor)
800 5th Avenue
Ft. Worth, TX 76104
817-878-5300

Sascha Schapiro
Head Athletic Trainer
817-343-6047

Aaron Beck
Assistant Head of School-Athletic Director-Head Football Coach
817-717-4200