

# Christ the King School

## Concussion Action Plan

### Management of Sports-Related Concussions

Christ the King School has developed this protocol to address the issue of the identification and management of concussions for students who participate in school sports. Act 68 was passed into law in 2013 and requires that schools have an action plan (*text in italics* are items required by Act 68).

A safe return to activity protocol (learning and athletics) is important for all athletes following any injury, but it is essential after a concussion. The goal of this concussion protocol is to ensure that concussed athletes are identified, treated and referred appropriately for return to learn and return to play. Consistent use of a concussion management protocol will ensure that the athlete receives appropriate follow-up and/or academic accommodations in order to make certain that the athlete is fully recovered prior to returning to full athletic play activity.

This protocol will be reviewed annually by Christ the King School. Changes and modifications will be reviewed and written notifications will be provided to athletic department staff, coaches and other appropriate school personnel.

***All coaches are required to certify concussion management training every two(2) years. Parents and athletes must be educated about concussions annually.*** The written documentation of coaches annual training shall be kept in the coaches personnel file and the student/parents in the student file and be tracked by Daniel Elliott, Athletic Director.

#### **Recognition of Concussion**

These signs and symptoms – following a witnessed or suspected blow to the head or body – are indicative of a probable concussion.

Signs (observed by others)	Symptoms (reported by athlete)
Forgets plays	Headache
Appears dazed or stunned	Fatigue
Exhibits confusion	Nausea or vomiting
Unsure about game, score, opponent	Double vision, blurry vision
Moves clumsily (altered coordination)	Sensitive to light or noise
Balance problems	Feels sluggish
Personality change	Feels "foggy"
Responds slowly to questions	Problems concentrating
Forgets events prior to hit	Problems remembering
Forgets events after the hit	
Loss of consciousness (not required )	

***Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion must be removed from competition or practice and will not be allowed to train or compete with a school athletic team until the athlete has been examined by and received written permission to participate in athletic activities from a health care provider (per Act 68, approved by the VT Legislature in 2013).***

***Daniel Elliott, Athletic Director, has been designated as the individual who can make the initial decision to remove a student athlete from play when it is suspected the athlete may have suffered a concussion.***

Athletes with a suspected concussion should not be permitted to drive home.

School must notify parents/guardians within 24 hours if student sustains a concussion.

***Daniel Elliott, Athletic Director is the individual assigned to inform parents/guardians that their student/child may have sustained a concussion.***

***Act 68 requires that schools must outline the steps required before a student athlete can return to athletic or learning activity.***

**Return to Learn Protocol:** The following steps are required before the student can return to academic activity (for more detail see Return to Learn Protocol – Section 7 of School Concussion Management Toolkit). The student is required to complete the RTL protocol and be symptom free for 24 hours before beginning the RTP protocol.

1. Home - Total Rest
2. Home – Light Mental Activity
3. School – part time – maximum accommodations
4. School - part time – moderate accommodations
5. School – full time – minimal accommodations
6. School – full time – full academics, no accommodations

**Return to Play Protocol:** For more detail see Return to Play Protocol – Section 8 of School Concussion Management Toolkit.

- The return to play plan should start only when you have been without any symptoms for 24 hours.
- It is important to wait for 24 hours between steps because symptoms may develop several hours after completing a step.
- Do not take any pain medications while moving through this plan (no ibuprofen, aspirin, Aleve, or Tylenol).
- This program should be supervised by an athletic trainer, school nurse or health care professional trained in the management of concussions

**Step 1:** Aerobic conditioning - Walking, swimming, or stationary cycling.

**Step 2:** Sports specific drills – skating drills in hockey, running drills in soccer/basketball.

**Step 3:** Non-contact training drills – include more complex training drills (passing in soccer/ice hockey/basketball. Running specific pattern plays, etc).

**Step 4:** Full contact practice.

**Step 5:** Full clearance for return to play.

The family physician of the student is the person designated by the school to approve the Graded Return to non-contact physical activities.

***The family physician of the student is the individual who makes the final decision regarding the student’s return to athletic activity.***

*Remember: When in doubt, sit them out!*





## Acknowledgment of Concussion Action Plan

### Statement to be signed by the Student

I have received and read concussion information provided to me by Christ the King School. I understand the information provided by the CKS Athletic Department and agree to the following:

1. To report any concussion or concussion like symptoms that occurs during practice or games.
2. Report any concussion or concussion like symptoms that occurs as a result of injury outside of school sports.
3. I have read and understand the school policy regarding concussion management and return to sports.
4. I understand that medical clearance after a concussive injury clears the athlete to start the return to play protocol not to immediately return to full participation.

Student Name (please print) \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Year of Graduation \_\_\_\_\_

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### Statement to be signed by Parent or Guardian

I have received and read concussion information provided to me by my school. I understand the information provided by CKS Athletic department and agree to the following:

1. To report any concussion or concussion like symptoms that occurs in my son or daughter.
2. Report any concussion or concussion like symptoms that occur as result of injury outside of school sports.
3. I have read and understand the school policy regarding concussion management and return to sports
4. I understand that medical clearance after a concussive injury clears the athlete to start the return to play protocol - not to immediately return to full participation in contact sports.

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_