

Students

Student Sports – Concussion and Head Injuries

Concussion and Head Injury Management in Student Sports (continued)

D. Coaches Responsibility

1. Based on mechanism of injury, observation, history and unusual behavior and reactions of the athlete, even without loss of consciousness, assume a concussion has occurred if the head was hit and even the mildest of symptoms occur. The student athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be immediately removed from play.
2. If confusion, unusual behavior or responsiveness, deteriorating condition, loss of consciousness, or concern about neck and spine injury exists, the athlete should be referred at once for emergency care.
3. If no emergency is apparent, the athlete should be monitored every 5 to 10 minutes regarding mental status, attention, balance, behavior, speech and memory until stable over a few hours. If appropriate medical care is not available, an athlete even with mild symptoms should be sent for medical evaluation.
4. No athlete suspected of having a concussion should return to the same practice or contest, even if symptoms clear in 15 minutes, no sooner than twenty-four hours after removal and only after the athlete received written clearance from a licensed health care professional trained in the evaluation and management of concussions.

E. Return to Play After Concussion or Head Injury

1. A student athlete who has been removed from play may not participate in any supervised team activities involving physical exertion, including, but not limited to practices, games, or competitions, sooner than twenty-four hours* after such athlete was removed from play. Any athlete removed from play because of a concussion must have written medical clearance from an appropriate health care professional before he/she can resume practice or competition.

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E. Return to Play After Concussion or Head Injury (continued)

2. After medical clearance, the return to play by the athlete should follow a step-wise protocol with provisions for delayed return to play based on return of any signs or symptoms.
3. **Under the direction of the Athletic Trainer**, the medical clearance return to play protocol is as follows:
 - a. No exertional activity until asymptomatic.
 - b. When the athlete appears clear, begin low-impact activity such as walking, stationary bike, etc.
 - c. Initiate aerobic activity fundamental to the specific sport such as skating, or running and may also begin progressive strength training activities.
 - d. Begin non-contact skill drills specific to sport such as dribbling, fielding, batting, etc.
 - e. Full contact in practice setting.
 - f. If athlete remains asymptomatic, he/she may return to game/play.

*P.A. 10-62 does not require a 24 hour waiting period before an athlete may return to participate in team activities. However, the law does require written clearance from a licensed health care professional.