

Concussion Procedures



**Waller High School
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9/1/2011**

Waller Independent School District
Concussions received by participants in sports activities are an ongoing concern at all levels. Recent interest and research in this area has prompted reevaluations of treatment and management recommendations from the high school to the professional level. Numerous agencies and associations throughout the United States responsible for developing guidelines addressing the management of concussion in high school student-athletes have developed or revised their guidelines for concussion management.



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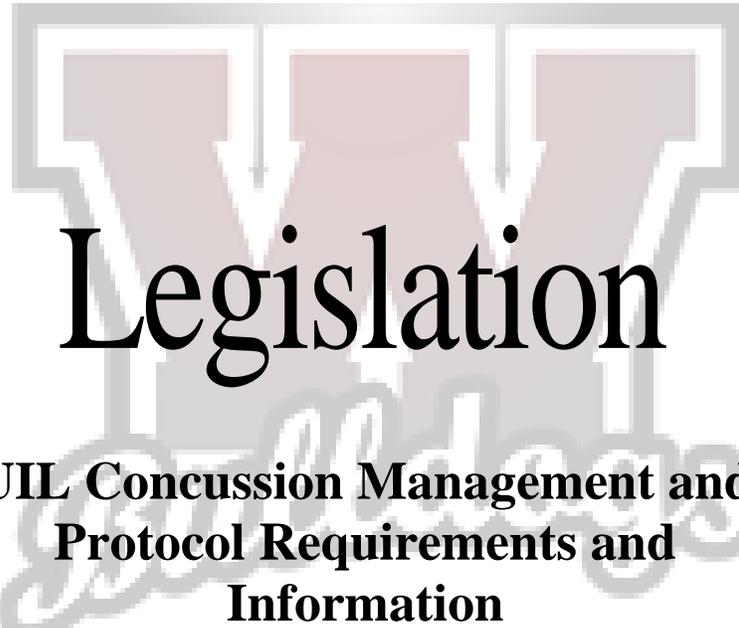
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Legislation

UIL Concussion Management and Protocol Requirements and Information

<http://www.uiltexas.org/health/info/concussions>

HB 2038 Natasha's Law

<http://www.uiltexas.org/files/health/HB02038F.pdf>

Texas HB 2038, Tasha's Concussion Law, Talking Points:

- The bill defines who the Licensed Health Care Professionals are that will participate in the development and implementation of the concussion oversight team in schools.
- The student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:
 - have signed a form for that school year that acknowledges receiving and reading written information that explains concussion prevention, symptoms, treatment, and oversight and that includes guidelines for safety resuming participation in an athletic activity following a concussion. The form must be approved by the University Interscholastic League.
- The bill will mandate a Concussion Oversight Team chosen by each school district or charter school, headed by at least one physician with concussion management training.
- The bill requires students who are suspected of having sustained a concussion must be removed from the activity immediately.
- The student suspected of sustaining a concussion must be evaluated by a physician of his/her choosing.
- The school district shall verify the student has successfully completed each requirement of the return-to-play protocol necessary for the student to return to play established by the concussion oversight team.
- The treating physician shall sign a written statement indicating that, in their professional judgment, it is safe for the student to return to play.
- The student and the student's parent or guardian or another person with legal authority to make medical decisions for the student acknowledges in writing:
 - He/she have been informed concerning and consents to the student's participation in returning to play in accordance with the return-to-play protocol;
 - He/she understand the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
 - He/she 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 regarding the return-to-play recommendations of the treating physician;
 - He/she understand the immunity provisions included in the bill.

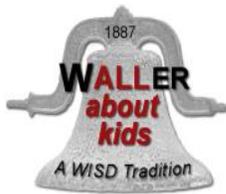
Texas HB 2038

If the school district or charter school employs an athletic trainer, he/she is responsible for the compliance of the athlete with the return-to-play protocol.

- A coach of an interscholastic athletics team may not authorize a student's return to play.
- The school district superintendent or the superintendent's designee or, in the case of a home-rule school district or open-enrollment charter school, the person who serves the function of superintendent or that person's designee shall supervise an athletic trainer or other person responsible for compliance with the return-to-play protocol. The person who has supervisory responsibilities may not be a coach of an interscholastic athletics team.
- The bill establishes an education course for coaches. Continuing education requirements in concussion management for athletic trainers which can be met in the two year cycle. It is recommended that physicians take continuing education in concussion management, when serving on the concussion oversight team.
- The bill provides for immunity from liability for school districts or members of the concussion oversight team complying with this act.
- The bill will allow the Commissioner of Education to develop rules to implement the bill.
- There should be no fiscal impact in the next biennium attached to the implementation of the bill.

The logo for Waterford Bulldogs features a large, stylized letter 'W' in a reddish-brown color with a white outline. Below the 'W', the word 'Bulldogs' is written in a white, cursive script font with a grey drop shadow. The entire logo is centered on the page.

Policy & Procedures



Waller Independent School District

Head Injury Assessment, Prevention, Management, and Return to Play Guidelines

The following policy, procedures, and guidelines on assessment, prevention, and management of head injuries, as well as return to play guidelines has been developed in accordance with Texas' "Natasha's Law" and the goals of WISD athletics and Health Services to ensure the well-being of each student athlete. The risk of repeated concussions and second impact syndrome is also a concerning factor. These two problems can have long lasting, and even terminal effects, on the athlete.

Continuing to play with the signs and symptoms of a concussion leaves athletes especially vulnerable to greater injury. There is an increased risk of significant damage from another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries (Including concussions). As a result, education of administrators, coaches, parents, and students is the key for student athlete's safety.

Purpose

The WISD Athletic Department recognizes that concussions pose a significant health risk for student athletes. Therefore, the Athletics Department has implemented policies and procedures to deal with the assessment, prevention, management, and return to play guidelines for student athletes who have sustained a head injury. In addition the Athletics Department also recognizes the importance of baseline testing on student athletes who participate in sports which are recognized as contact or collision and/or who have a history of concussions upon entering athletic participation in WISD. WISD utilizes ImPACT™ concussion management system for neurocognitive testing. The baseline data along with physical exam, symptom scaling, follow up testing, and a gradual return to play protocol will all be used in conjunction with sound clinical judgment and on an individual basis to determine when it is safe for an athlete to return to competition.

Prevention

In an effort to reduce the number of head injuries in WISD the district insists that safety comes first. The following procedures will be used as guidelines to assist in the prevention of head injuries.

- Teach and practice safe playing techniques
- Teach athletes the dangers of playing with a concussion
- Encourage athletes to follow the rules of play and to practice good sportsmanship at all times
- Make sure athletes wear the right protective equipment for their activity (such as helmets, padding, and mouth guards)
- All headgear must be NOCSAE certified
- Make sure the headgear fits the individual, and are secured properly to the individual
- For all sports that require headgear, a coach or appropriate designee should check headgear before use to make sure air bladders work and are appropriately filled.
- Padding should be checked to make sure they are in proper working condition.

Although all head injuries will not be prevented, WISD is working proactively in order to reduce the number and severity of head injuries that do occur.

Reporting Head Injuries

It is important that the student athlete/ parent report all head injuries received to the athletic trainer/ junior high school coach. This includes any head injury that occurs out of the school environment. It is important that any head injuries be reported before any physical activity.

Athletic Venue Evaluation

In all cases in which a head injury is suspected the athlete will be removed from athletic participation and an **initial assessment** will take place. The athlete will **NOT** be allowed further participation on the day of injury. The initial assessment will utilize the Concussion Management Card. Following the initial assessment further medical evaluation will be determined as per “Tasha’s Law”. WISD Home Instructions for Head Injury will be provided, and parents/guardians will be contacted.

Health Care Professional Evaluation

Evaluation by Health Care Professionals should include a neurological and a functional test. A neurological test should include but is not limited to eye movements, pupil response, balance (static and dynamic), hearing, and vision. A functional test should include but is not limited to heel toe walking, jogging, and progressive functional activity.

School Evaluation

Any athlete that has sustained a head injury is required to report to the high school athletic trainer or junior high school coach daily. High school athletes will be scheduled for a follow-up ImPACT™ testing within a reasonable amount of time. In both situations the school nurse will also be notified.

Treatment/ Rehabilitation

WISD athletes who sustain a head injury will be instructed to rest, meaning total rest. Physical and cognitive rest, including but not limited to, NO athletic participation, NO recreational exercise, NO video games/ TV, NO computer usage, and NO text messaging.

Academically, if deemed necessary teachers will be notified and academic accommodations will be made.

Follow-up Evaluation

WISD athletes who have sustained a head injury will be required to follow the return to play guidelines. Athletes will be required to check in with their athletic trainer/ junior high school coach daily until cleared by a medical professional. Once cleared by a medical professional parents and athletes will be required to sign a school concussion release and the approved return to play progression will begin. Even if cleared by a physician athletes may not pass the progressive return to play protocol.

Head Injury Data

Within seven days of a head injury occurring or being cleared, all information will be reported to the Concussion Oversight Team. A standardized reporting form will be utilized for reporting purposes.

- High School Athletic Trainers will report to the Concussion Oversight Team Chairperson
- Junior High School Coaches will report to the Safety Coordinator who will in turn report to the Concussion Oversight Team Chairperson
- Safety Coordinator will follow-up with Middle School Coaches on all head injuries

Liability Provisions

The student and the student's parent or guardian or another person with legal authority to make medical decisions for the student understands this policy does not:

- Waive any immunity from liability of a school district or open-enrollment charter school or of district or charter school officers or employees
- 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
- Waive any immunity from liability under Section 74.151, Civil Practice and Remedies Code
- Create any liability for a member of a concussion oversight team arising from the injury or death of a student participating in an interscholastic athletics practice of competition, based only on service on the concussion oversight team.

WISD Return to Play Considerations Following a Head Injury



Waller Independent School District is proactive in the prevention, recognition, and management of concussions in order to limit the risk of concussions associated with athletics. As well as to limit the potential catastrophic and long term risks associated with sustaining a concussion. Therefore the management and return to play decisions will remain in the realm of clinical judgment on an individual basis by both the Licensed Athletic Trainer and the Physician.

WISD protocol following a head injury follows a stepwise progression. The athlete should be released from a physician, have a signed UIL approved return to play parent/ athlete consent form, and be symptom free for 24 hours before beginning this progression. The athlete should complete each level and progress to the next (in 24 hour intervals) if they remain asymptomatic both at rest and with exercise. Should the athlete become symptomatic during the progression, they should drop back to the previous asymptomatic level and try to progress after a 24 hour period of rest has passed. If the athlete remains symptomatic for an extended period of time the athlete may need to return to the physician.

Level 1- Light aerobic exercise- 5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training, or any other exercise.

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

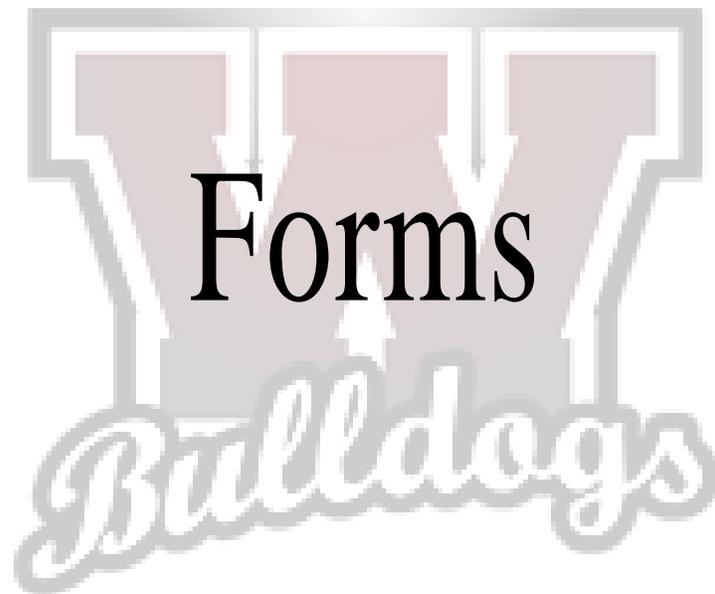
Level 3- Non- contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises.

Level 4- Full contact practice or training.

Level 5- Full game play.

Continued post-concussive symptoms, prior concussion history and any diagnostic testing results along with neurocognitive testing and physical exam, will be utilized by a Physician and athletic trainer in establishing a timeline for an athlete's return to activity. It is important to note that this timeline could last over a period of days, weeks, months, or potentially medically disqualify the student from athletics. All cases will be handled on an individual basis.

All concussions are to be reported to the Oversight Committee Chairperson by the high school athletic trainer or middle school coach. The information reported via e-mail will include the date of concussion, sport, event, gender, date of physician release, date passed progressive return protocol, and school name. A follow-up e-mail will also be sent to the Oversight Committee Chairperson when final return to play has been determined by the high school athletic trainer, safety coordinator, or school nurse.



WISD Home Instructions for Head Injury

_____ (athlete name) received a head injury, commonly called a concussion on _____ (date) while participating in an athletic event. The following are instructions for this person's care over the next few days.

- Do not drive a vehicle
- Rest, No physical activity
- Do not take Aspirin or Ibuprofen (Advil or Motrin)
- Tylenol (Acetaminophen) may be acceptable
- You may sleep, but should be checked on periodically if exhibiting moderate to severe symptoms

Signs and symptoms of a closed head injury do not always present until hours or sometimes days after the initial trauma. Do to this fact; you should be aware of possible signs and symptoms that indicate a significant head injury including but not limited to the following.

- Persistent or repeated vomiting
- Convulsions/ seizure
- Difficulty seeing
- Any peculiar movements of the eyes, or one pupil is larger than the other
- Restless, irritability, or drastic changes in emotional control
- Difficulty walking
- Difficulty speaking or slurred speech
- Progressive or sudden impairment of consciousness
- Bleeding or drainage of fluid from the nose or ears
- Any other abnormal behavior and/or sign or symptom

If any of the above occurs call an ambulance or take the athlete to the hospital Emergency Room.

Emergency Phone Numbers:

EMS- 911

Athletic Training Room: _____ **Athletic Trainer:** _____

Parent/ Guardian Contact: Yes No **Notes:**

WISD athletes who have sustained a concussion will be required to follow up with their licensed athletic trainer or middle school coach each day until cleared by a physician. Although cleared by a physician, the athlete must still pass the (progressive return to play) protocol before they will be considered for release to full activity. (HB 2038, Tasha's Law)

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

White - Athlete

Yellow - School

UIL Return to Play Student/Parent Consent Form



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 judgement, 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)

WISD Concussion Reporting Form

	Date of Concussion	Sport	Gender	Level of Competition	Event	Date of Physician Release	Date Passed Progressive Return Protocol
Ex.	7/22/2011	Baseball	Male	Varsity	Non-School Sport Related	7/26/2011	8/5/2011
1							
2							
3							
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Physician Information

Waller ISD Return to Play Guidelines

Information for Treating Physician

Waller ISD has developed a protocol for managing concussions as per HB 2038 “Tasha’s Law”. This policy includes a multidiscipline approach involving athletic trainer clearance, physician referral and clearance, and successful completion of activity progressions related to their sport. The following is an outline of this procedure.

All athletes who sustain head injuries are required to be evaluated by a physician. They must have a normal physical and neurological exam prior to being permitted to progress to activity.

1. The student will be monitored daily at school by the athletic trainer at the high school and the school nurse at the middle school. Accommodations may need to be given according to physician recommendations and observations.
2. High school athletes will be given a neurocognitive test after the concussion. All high school athletes in contact sports will have this assessment prior to their season to form a baseline. Waller ISD utilizes the ImPact™ software program for this assessment. **The athlete’s post-injury testing data must be within normal limits before he/she is released to begin activity.**
3. The student must be asymptomatic at rest and with exertion.
4. Once cleared to begin activity, the student will start a progressive return to play protocol. The progressions will advance in 24 hour intervals. The progressions are:

Level 1 Light aerobic exercise- 5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training, or any other exercise.

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

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

Level 4 Full contact practice or training.

Level 5 Full game play.

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 at the beginning.

For full release to play a physician release, parent/ athlete signed consent and a progressive return to play protocol must be completed and on file.

WISD FERPA Release Form

Waller ISD

Authorization for the Release of Medical Information

The Family Education Right to Privacy Act (FERPA) is a federal law that governs the release of a student's educational records, including personal identifiable information (name, address, social security number, etc.) from those records. Medical information is considered a part of a student athlete's educational record.

This authorization permits physicians to disclose information concerning my medical status, medical condition, injuries, prognosis, diagnosis, and related personal identifiable health information to the authorized parties as follows: the athletic trainers, team physicians, and athletic staff (including coaches) of the Waller ISD. This information included injuries or illnesses relevant to past, present, or future participation in athletics.

The purpose of a disclosure is to inform the authorized parties of the nature, diagnosis, prognosis or treatment concerning my medical condition and any injuries or illnesses. I understand once the information is disclosed it is subject to re-disclosure and is no longer protected.

I understand that the Waller ISD will not receive compensation for its disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment. I may inspect or copy any information disclosed under this authorization.

I understand that I may revoke this authorization at any time by providing written notification to the head athletic trainer at the respective high school. I understand revocation will not have any effect on actions Waller ISD has taken in reliance on this authorization prior to receiving the revocation. This authorization expires six years from the date it is signed.

Student ID# _____

Printed Name of Student: _____

Student Signature: _____

Printed Name of Parent: _____

Parent Signature: _____

White - School

Yellow - Athlete

**Concussions
(Tasha's Law- HB 2038)**

Report All Head Injuries

Remove from Activity Immediately

Parent/ Guardian Contact

Physician Release

Parent/ Athlete Release

Progressive Return to Play Protocol

- 1) Light Aerobic
- 2) Moderate Aerobic
- 3) Non Contact Practice
- 4) Full Contact Practice
- 5) Full Game