Concussion Management Plan for Student Athletes

Salem School District
<table>
<thead>
<tr>
<th>Table of Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Purpose of the plan</td>
<td>2</td>
</tr>
<tr>
<td>• Definition of concussion</td>
<td>2</td>
</tr>
<tr>
<td>• Common signs and symptoms of concussion</td>
<td>2</td>
</tr>
<tr>
<td>• Prior Education</td>
<td>3</td>
</tr>
<tr>
<td>• Baseline testing</td>
<td>3</td>
</tr>
<tr>
<td>• Management and return to play guidelines</td>
<td>3-5</td>
</tr>
<tr>
<td>• Appendix #1 Concussion Management Flow Chart</td>
<td>6</td>
</tr>
<tr>
<td>• Appendix #2 Balance Error Scoring System (BESS)</td>
<td>7</td>
</tr>
<tr>
<td>• Appendix #3 Standardized Assessment of Concussion (SAC)</td>
<td>8</td>
</tr>
<tr>
<td>• Appendix #4 Concussion Symptom List</td>
<td>9</td>
</tr>
<tr>
<td>• Appendix #5 Concussion Return To Play Flow Chart</td>
<td>10</td>
</tr>
<tr>
<td>• Appendix #6 Impact Testing Flow Chart</td>
<td>11</td>
</tr>
<tr>
<td>• Appendix #7 A Concussion Fact Sheet for Parents</td>
<td>12</td>
</tr>
<tr>
<td>• Appendix #8 A Concussion Fact Sheet for Student-Athletes</td>
<td>13</td>
</tr>
<tr>
<td>• Appendix #9 Concussion Statement for Parents and Students</td>
<td>14</td>
</tr>
<tr>
<td>• Appendix #10 A Concussion Fact Sheet for Coaches</td>
<td>15 &amp; 16</td>
</tr>
<tr>
<td>• Appendix #11 ImPACT Concussion Testing Procedure</td>
<td>17</td>
</tr>
<tr>
<td>• Appendix #12 Acute Concussion Evaluation (ACE) Care Plan. Home Care Instructions for Athletic Head Injury</td>
<td>18 &amp; 19</td>
</tr>
<tr>
<td>• Appendix #13 Sports Related Concussion Clearance Form</td>
<td>20</td>
</tr>
<tr>
<td>• Appendix #14 Concussion Management of NH High School Athletes, Law</td>
<td>21-23</td>
</tr>
<tr>
<td>• Appendix #15 Salem School District Concussion Policy</td>
<td>24</td>
</tr>
<tr>
<td>• Resources</td>
<td>25</td>
</tr>
</tbody>
</table>
Purpose:
The Salem School District (SSD) is committed to providing quality healthcare services for all student-athletes. As such, the SSD is proactive in the assessment and management of concussions with the intention of limiting the risks of concussions associated with athletics, and the potential catastrophic and long-term complications from said concussions. Assessment and management of concussive injuries, and return-to-play decisions remain some of the most difficult responsibilities facing the sports medicine team. Due to the nature of concussions, and their potentially serious complications, it is imperative that the health care professionals taking care of athletes are able to recognize, evaluate and treat these injuries in a complete and progressive fashion. This guideline has been developed to help the SSD Athletic Training staff care for its grade 6 to 12 student-athletes who have sustained a concussion.

Definition:
As defined in the Consensus Statement from the 4th International Conference on Concussion in Sport (Zurich, 2012):
“Concussion is a brain injury and is defined as a complex pathophysiological process affecting the brain, induced by biomechanical forces. Several common features that incorporate clinical, pathologic and biomechanical injury constructs that may be utilized in defining the nature of a concussive head injury include:

1. Concussion may be caused either by a direct blow to the head, face, neck or elsewhere on the body with an ‘impulsive’ force transmitted to the head.
2. Concussion typically results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously. However, in some cases, symptoms and signs may evolve over a number of minutes to hours.
3. Concussion may result in neuropathological changes, but the acute clinical symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies.
4. Concussion results in a graded set of clinical symptoms that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course. However, it is important to note that in some cases symptoms may be prolonged.

Common Signs & Symptoms of Concussion:
The suspected diagnosis of concussion can include one or more of the following clinical domains. These are not the only signs and symptoms of a concussion:
a. Symptoms: somatic (e.g., headache), cognitive (e.g., feeling like in a fog) and/or emotional symptoms (e.g., emotional lability (crying or laughing inappropriately))
b. Physical signs (e.g., loss of consciousness, amnesia, distant stare)
c. Behavioral changes (e.g., irritability, depressed mood, anxious)
d. Cognitive impairment (e.g., slowed reaction times)
e. Sleep disturbance (e.g., drowsiness or insomnia)
Prior Education
Prior the start of each student’s athletic participation, the student-athletes and parents of the student-athletes will be presented with educational and policy material about concussions (see Appendices #7, #8, & 15). Both student athletes and their parents are required to acknowledge receipt, understanding, and agreement of/with that concussion material as a part of the required SSD Athletic Permit Form (see Appendix #9).

The SSD Athletic department will ensure that coaches are instructed and understand the concussion management plan and their role within the plan. They will receive educational material about concussions and must submit proof of successful completion of the NFHS course “Concussion in Sports – What You Need to Know” (see Appendix #10 & www.nfhslearn.org).

Baseline Testing
Currently, the SSD Athletic Training Staff utilizes the ImPACT™ concussion management system (www.Impact.com). All student-athletes who are participating in a contact or collision sport will be baseline tested early in their sports season. Student-athletes will be baseline tested during their freshman year (approx. 14 years old) and retested during their junior year (Approx. 16 years old). Student-athletes who transfer from another school and have never been baseline tested will also be tested early in their first sports season. Any student-athletes participating in a non-contact sport but have a history of concussion as identified by their health history form or who suffered a concussion within the past year may also be baseline tested. (see Appendix #11)

Management & Return to Play Guidelines:

If an athlete is suspected of having sustained a concussion, the athlete is removed from practice and/or competition and thoroughly assessed for signs and symptoms of a concussion. As per the guidelines set forth by the National Federation of High School Associations (NFHS), any athlete who sustains a concussion will be held from practice or competition for the remainder of that day. Athletes who are determined by our sports medicine staff not to be concussed, may or may not be returned to play that day.

Management of Sport-Related Concussions:
- See Appendix #1
- A student-athlete will be removed from athletic participation for suspicion of concussion symptom(s) and/or concussion and will be withheld from all practice and competition for the remainder of that day. A concussed athlete must be evaluated by a healthcare provider (athletic trainer or physician or physician’s assistant or nurse practitioner, etc. who is currently licensed to provide medical treatment and is trained in the evaluation and management of concussions) before returning to athletic participation. In that case, BOTH the healthcare provider and parent must sign off on that athlete’s return to play (see Appendix #13).
• Assessment of a potential concussion includes an evaluation of the airway, breathing, and circulation (ABC's). The head and neck will be closely examined for signs of injury, especially those athletes who lose consciousness. Serial neurologic exams will be done and documented to ensure that there is no deterioration in their clinical status. Balance and postural stability will be assessed and objectively scored (BESS without foam pad) (see Appendix #2).
• A written timeline of the injury and the presence and severity of symptoms will be noted. (see Appendix #4).
• A SAC (Standardized Assessment of Concussion) exam (see Appendix #3) will be performed and documented.
• If an athlete experiences prolonged loss of consciousness (greater than one minute), significant prolonged confusion, seizure activity (lasting longer than a minute), focal neurologic deficits, or worsening clinical or cognitive symptoms the athlete should be transported to a local emergency department for further assessment by local EMS services immediately.
• Student—Athlete’s parent/guardian will be contacted and provided with written home care instructions (see Appendix #12).
• During the recovery process it is imperative that the athlete have complete physical and cognitive rest. Cognitive rest includes reduced mandatory reading time, text messaging, internet surfing, TV/video gaming, and test taking (if possible).
• When an injured athlete denies any/all concussion symptoms, a neurocognitive ImPACT test will be given and Arthur Maerlender PhD will be contacted for the interpretation of those Impact test results. Dr. Maerlender will determine when an athlete is released from testing, usually when those scores have returned to baseline level.
• When it is determined that a concussed athlete is ready for the return-to-play (RTP) protocol (see Appendix #5), both his/her healthcare provider (athletic trainer or physician or physician’s assistant or nurse practitioner, etc who is currently licensed to provide medical treatment and trained in the evaluation and management of concussions) and a parent/guardian must sign a written release indicating agreement to start the RTP protocol (see Appendix #13).
• RTP decisions will be made for each specific athlete who sustains a concussion.

**NOTE** - There is no “cookie cutter” answer to when an athlete can return to play after sustaining a concussion. These decisions may depend on factors such as the clinical symptoms, previous history of concussion and severity of previous concussions, amongst others. The final decision to start the return to play progressive activity will ultimately be made by a Salem School District team physician or other appropriate licensed healthcare provider, with or without consultation with other experts in the field of concussion management. Generally, the most conservative care will take precedence.

• This return to play protocol will follow a gradual, sequential progression with time delayed increments (24 hrs) in physical activity (see Appendix #5).
  
  o **The first step** is light aerobic exercise (e.g. stationary cycle).
  o In the **second step**, if he/she does not experience any symptoms, this can be followed by sport-specific exercise (non-contact, higher intensity).
  o In the **third step**, if he/she does not experience any symptoms, it progresses to non-contact full speed training drills. Resistance training can also begin once the athlete demonstrates that he/she is symptom-free with low intensity aerobic activity.
o In the **fourth step**, if he/she remains symptom free, he/she then progresses to full practice activities.

o If he/she remains symptom free, he/she then may return to competition.
  
  ➢ Each athlete will progress to each stage under the guidance of the athletic training staff (see Appendix #5).
  
  ➢ Some athletes will take additional post injury ImPACT tests during the RTP process until the athlete is released from testing by A. Maerlender PhD (usually when those post injury test scores return to baseline level.
APPENDIX #1 – Concussion Management Flowchart

Injury Occurs:
- Prolonged LOC &/or
- Focal neurological deficit &/or
- Significant alteration or
deterioration in mental status

IF YES: Transport
Transport emergently to
hospital with spine
precautions

Abnormal & significant
alteration or deterioration
in mental status and symptoms
reported

Transport to hospital for
evaluation and further
work-up as indicated

IF NO: Administer SAC & BESS

Abnormal but improving,
or no change in mental
status and symptoms
reported

Discharge with parent and
written take home
instructions. Physical and mental
rest

Return of Symptoms

Normal test results &
Asymptomatic:
Test exertional maneuvers
(jumping jacks, push ups)

No symptoms or deficits,
RTP only if cleared
appropriately including
proper documentation.
Otherwise, no play until
properly cleared &
documented.

Next 2 days re-evaluate with
SAC, BESS and symptom list

Continue daily symptom list
until symptom free

When symptom-free at
rest, give impact test with
baseline comparison by
neuropsych consultant

Abnormal test results:
Continue RTP protocol &
daily re-eval until normal

Normal test results:
Attain necessary release
signatures and follow
return to play
progression
APPENDIX #2 - Balance Error Scoring System (BESS)

(Gaskiewicz)

The Athletic Training staff will assess and objectively score an athlete's balance and postural stability with BESS for firm surface only (a foam pad will not be used).

Balance Error Scoring System-
Types of Errors
1. Hands lifted off iliac crest
2. Opening eyes
3. Step, stumble, or fall
4. Moving hip into >30 deg abduct
5. Lifting forefoot or heel
6. Remaining out of test pos.> 5 sec
The BESS is calculated by adding one error point for each error during the 6 20 second test.

WHICH FOOT WAS TESTED? LEFT    RIGHT
(i.e. – which foot is the non-dominant foot?)

<table>
<thead>
<tr>
<th>SCORE CARD: Firm Surface</th>
<th>FOAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>(# errors)</td>
<td></td>
</tr>
<tr>
<td>Double Leg Stance</td>
<td></td>
</tr>
<tr>
<td>(feet together)</td>
<td></td>
</tr>
<tr>
<td>Single Leg Stance</td>
<td></td>
</tr>
<tr>
<td>(non-dominant foot)</td>
<td></td>
</tr>
<tr>
<td>Tandem Stance</td>
<td></td>
</tr>
<tr>
<td>(non-dom foot in back)</td>
<td></td>
</tr>
</tbody>
</table>

BESS TOTAL:
APPENDIX #3- Standard Assessment of Concussion (SAC)

STANDARDIZED ASSESSMENT OF CONCUSSION - SAC

NAME:_________________________
TEAM:_______ EXAMINER:____________________
DATE OF EXAM:_______ TIME:____________
EXAM (Circle One): BLIND INJURY POST-PX/GAME

Day 1 Day 2 Day 3 Day 5 Day 7 Day 90

INTRODUCTION:
I am going to ask you some questions. Please listen carefully and give your best effort.

ORIENTATION
What Month is it? ___________ 0 1
What’s the Date today? ___________ 0 1
What’s the Day of Week? ___________ 0 1
What Year is it? ___________ 0 1
What Time is it right now? (within 1 hr.) ___________ 0 1
Award 1 point for each correct answer:

ORIENTATION TOTAL SCORE

IMMEDIATE MEMORY
I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order.

<table>
<thead>
<tr>
<th>LIST</th>
<th>TRIAL 1</th>
<th>TRIAL 2</th>
<th>TRIAL 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELBOW</td>
<td>0 1</td>
<td>0 1</td>
<td>0 1</td>
</tr>
<tr>
<td>APPLE</td>
<td>0 1</td>
<td>0 1</td>
<td>0 1</td>
</tr>
<tr>
<td>CARPET</td>
<td>0 1</td>
<td>0 1</td>
<td>0 1</td>
</tr>
<tr>
<td>SADDLE</td>
<td>0 1</td>
<td>0 1</td>
<td>0 1</td>
</tr>
<tr>
<td>BUBBLE</td>
<td>0 1</td>
<td>0 1</td>
<td>0 1</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Trials 2 & 3: I am going to repeat that list again. Repeat back as many words as you can remember in any order, even if you said the word before. Complete all 3 trials regardless of score on trial 1 & 2. 1 pt. for each correct response. Total score equals sum across all 3 trials.

Do not inform the subject that delayed recall will be tested.

IMMEDIATE MEMORY TOTAL SCORE

EXERTIONAL MANEUVERS:
If subject is not displaying or reporting symptoms, conduct the following maneuvers to create conditions under which symptoms likely to be elicited and detected. These maneuvers need not be conducted if subject is already displaying or reporting any symptoms. If not conducted, allow 2 minutes to keep time delay constant before testing Delayed Recall. These methods should be administered for baseline testing of normal subjects.

<table>
<thead>
<tr>
<th>EXERTIONAL MANEUVERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Jumping Jacks</td>
</tr>
<tr>
<td>5 Push-Ups</td>
</tr>
<tr>
<td>5 Sit-ups</td>
</tr>
<tr>
<td>5 Knee Bends</td>
</tr>
</tbody>
</table>

© 1998 McCrea, Kelly & Randolph

NEUROLOGIC SCREENING

LOSS OF CONSCIOUSNESS/ WITNESSED UNRESPONSIVENESS

<table>
<thead>
<tr>
<th>LENGTH</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
</table>

POST-TRAUMATIC AMNESIA?

<table>
<thead>
<tr>
<th>LENGTH</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
</table>

RETROGRADE AMNESIA?

<table>
<thead>
<tr>
<th>LENGTH</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
</table>

STRENGTH -
| Right Upper Extremity |     |
| Left Upper Extremity  |     |
| Right Lower Extremity |     |
| Left Lower Extremity  |     |

SENSATION - examples:
| FINGER-TO-NOSE/ROMBERG |

COORDINATION - examples:
| TANDEM WALK/ FINGER-TOE-FINGER |

CONCENTRATION

Digits Backward: I am going to read you a string of numbers and when I am done, you repeat them back to me backwards, in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7.

If correct, go to next string length. If incorrect, repeat trial 2.1 pt. for each string length. Stop after incorrect on 6-9 trials.

<table>
<thead>
<tr>
<th>MONTHS IN REVERSE ORDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec-Nov-Oct-Sep-Aug-Jul-Jun-May-Apr-Mar-Feb-Jan</td>
</tr>
</tbody>
</table>

CONCENTRATION TOTAL SCORE

DELAYED RECALL

Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order. Circle each word correctly recalled. Total score equals number of words recalled.

<table>
<thead>
<tr>
<th>ELBOW</th>
<th>APPLE</th>
<th>CARPET</th>
<th>SADDLE</th>
<th>BUBBLE</th>
</tr>
</thead>
</table>

DELAYED RECALL TOTAL SCORE

SAC SCORING SUMMARY

Exertional Maneuvers & Neurologic Screening are important for examination, but not incorporated into SAC Total Score.

| ORIENTATION | /5 |
| IMMEDIATE MEMORY | /15 |
| CONCENTRATION | /5 |
| DELAYED RECALL | /5 |

SAC TOTAL SCORE /30
APPENDIX # 4 – Concussion Symptom List

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>RATE SYMPTOMS: 0=NOT PRESENT 1-2=MILD 3-4=MEDIUM 5-6=SEVERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blurred vision</td>
<td></td>
</tr>
<tr>
<td>Dizziness</td>
<td></td>
</tr>
<tr>
<td>Drowsiness</td>
<td></td>
</tr>
<tr>
<td>Easily distracted</td>
<td></td>
</tr>
<tr>
<td>Excessive sleep</td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td></td>
</tr>
<tr>
<td>Feel &quot;in a fog&quot;</td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
</tr>
<tr>
<td>Inappropriate emotions</td>
<td></td>
</tr>
<tr>
<td>Irritability</td>
<td></td>
</tr>
<tr>
<td>Memory problems</td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
</tr>
<tr>
<td>Neck pain or soreness</td>
<td></td>
</tr>
<tr>
<td>Nervousness</td>
<td></td>
</tr>
<tr>
<td>Numbness and tingling sensation</td>
<td></td>
</tr>
<tr>
<td>Personality change</td>
<td></td>
</tr>
<tr>
<td>Poor balance/coordination</td>
<td></td>
</tr>
<tr>
<td>Poor concentration</td>
<td></td>
</tr>
<tr>
<td>Ringing or buzzing in ears</td>
<td></td>
</tr>
<tr>
<td>Sadness</td>
<td></td>
</tr>
<tr>
<td>Seeing stars</td>
<td></td>
</tr>
<tr>
<td>Sensitivity to light</td>
<td></td>
</tr>
<tr>
<td>Sensitivity to noise</td>
<td></td>
</tr>
<tr>
<td>Sleep disturbance</td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td></td>
</tr>
</tbody>
</table>

% rating as described below

Compared to when you feel your best (100%), how would you rate yourself, right now, in terms of your overall condition? (___/100)
APPENDIX #5 – Concussion Return to Play Protocol

“Zero” concussion symptoms at rest, and normal balance
For 24 hours

ImpACT Testing
(See Appendix #6).
When released from testing, obtain healthcare provider and parent written clearance to begin RTP.

Step #1 - Perform Light Activity like walking, biking, stretching, elliptical machine for 15 consecutive minutes.

Symptoms Return:
Return to complete rest until symptoms resolve.
Repeat step #1 when asymptomatic for 24 hours

No Symptoms: step #2
- Progress to Aerobic Exercises: 20 to 30 minutes of stationary biking, calisthenics (athlete breaks a sweat)

Symptoms Return:
Return to complete rest until symptoms resolve.
Repeat step #1 when asymptomatic for 24 hours

No Symptoms: Step #3
- Progress to Non-Contact Sport Specific Activities & then Resistance Activities

Symptoms Return:
Return to complete rest until symptoms resolve.
Repeat step #2 when asymptomatic for 24 hours

No Symptoms: Step #4
Progress to Full Practice including activity with full contact.

Symptoms Return:
Return to complete rest until symptoms resolve.
Repeat step #3 when asymptomatic for 24 hours

No Symptoms:
Return to Full Competition
APPENDIX #6 - ImPACT Testing

Baseline

Injury

Student-Athlete Reports Being Asymptomatic (0/6 on all symptoms and has normal balance).

ImPACT Post-Injury Test Administered

Within Normal Range (Interpreted by Team Physician and/or Neuropsychologist Consultant)

Follow Return to Play Progression

Abnormal (Interpreted by Team Physician and/or Neuropsychologist Consultant)

Rest Additional 3-4 Days Before Repeating ImPACT Test
What is a concussion?
A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms?
You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

<table>
<thead>
<tr>
<th>Signs Observed by Parents or Guardians</th>
<th>Symptoms Reported by Athlete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appears dazed or stunned</td>
<td>Headache or “pressure” in head</td>
</tr>
<tr>
<td>Is confused about assignment or position</td>
<td>Nausea or vomiting</td>
</tr>
<tr>
<td>Forgets an instruction</td>
<td>Balance problems or dizziness</td>
</tr>
<tr>
<td>Is unsure of game, score, or opponent</td>
<td>Double or blurry vision</td>
</tr>
<tr>
<td>Moves clumsily</td>
<td>Sensitivity to light or noise</td>
</tr>
<tr>
<td>Answers questions slowly</td>
<td>Feeling sluggish, hazy, foggy, or groggy</td>
</tr>
<tr>
<td>Loses consciousness (even briefly)</td>
<td>Concentration or memory problems</td>
</tr>
<tr>
<td>Shows mood, behavior, or personality changes</td>
<td>Confusion</td>
</tr>
<tr>
<td>Can’t recall events prior to hit or fall</td>
<td>Just not “feeling right” or is “feeling down”</td>
</tr>
<tr>
<td>Can’t recall events after hit or fall</td>
<td></td>
</tr>
</tbody>
</table>

How can you help your teen prevent a concussion?
Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches’ rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

What should you do if you think your teen has a concussion?
1. Keep your teen out of play. If your teen has a concussion, her/his brain needs time to heal. Don’t let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it’s OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.

2. Seek medical attention right away. A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.

3. Teach your teen that it’s not smart to play with a concussion. Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don’t let your teen convince you that s/he’s “just fine.”

4. Tell all of your teen’s coaches and the student’s school nurse about ANY concussion. Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen’s coaches, school nurse, and teachers. If needed, they can help adjust your teen’s school activities during her/his recovery.

If you think your teen has a concussion:
Don’t assess it yourself. Take him/her out of play.
Seek the advice of a health care professional.

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.
CONCUSSION
A FACT SHEET FOR STUDENT-ATHLETES

WHAT IS A CONCUSSION?
A concussion is a brain injury that:
• Is caused by a blow to the head or body.
• From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
• Can change the way your brain normally works.
• Can range from mild to severe.
• Presents itself differently for each athlete.
• Can occur during practice or competition in ANY sport.
• Can happen even if you do not lose consciousness.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?
You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
Concussion symptoms include:
• Amnesia.
• Confusion.
• Headache.
• Loss of consciousness.
• Balance problems or dizziness.
• Double or blurry vision.
• Sensitivity to light or noise.
• Nausea (feeling that you might vomit).
• Feeling sluggish, foggy or groggy.
• Feeling unusually irritable.
• Concentration or memory problems (forgetting game plays, facts, meeting times).
• Slowed reaction time.
Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

HOW CAN I PREVENT A CONCUSSION?
Basic steps you can take to protect yourself from concussion:
• Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
• Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
• Follow your athletics department's rules for safety and the rules of the sport.
• Practice good sportsmanship at all times.
• Practice and perfect the skills of the sport.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?
Don't hide it. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion.
Sports have injury timeouts and player substitutions so that you can get checked out.

Report it. Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.

Get checked out. Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play.
A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.

Take time to recover. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
WHEN IN DOUBT, GET CHECKED OUT.

For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.
APPENDIX #9 - Concussion Statement for Parents and Students

Salem School District

Concussion Education and Statement for Parents and Student Athletes

- Please read and remove the attached concussion information.
- We understand the athlete must report all head injuries/concussions, suspected or apparent, to his/her certified athletic trainer and/or team coach in addition to his/her parent.
- We have read the Concussion Fact Sheets (a copy of which has been provided to us) and we understand:
  - A concussion is a brain injury and all brain injuries will be taken seriously.
  - An athlete does NOT have to be knocked out to have a concussion.
  - Concussion symptoms may show up right away but can show up hours or days after the injury.
  - A concussion can affect reaction time, balance, sleep, classroom performance and the ability to perform everyday activities.
  - If an athlete suspects a teammate has a concussion, s/he is responsible for reporting the injury to the team certified athletic trainer, coach, or medical clinician immediately.
  - The athlete must not return to play in a game or practice if s/he has concussion-related symptoms.
  - Following concussion, the brain needs time to heal. A repeat concussion is more likely if an athlete returns to play before symptoms resolve.
  - In rare cases, repeat concussions can cause permanent brain damage, and even death.

Athlete Signature________________________________________ Date__________

Parent/Guardian Signature____________________________________ Date__________

If you have any questions about sports concussions, feel free to contact the athletic trainer at Salem HS at 603-893-7069 ext.5138 or scox@sau57.org.

Return this completed form to the Salem HS athletic department.

Thank You.
THE FACTS
- A concussion is a brain injury.
- All concussions are serious.
- Concussions can occur without loss of consciousness or other obvious signs.
- Concussions can occur from blows to the body as well as to the head.
- Concussions can occur in any sport.
- Recognition and proper response to concussions when they first occur can help prevent further injury or even death.
- Athletes may not report their symptoms for fear of losing playing time.
- Athletes can still get a concussion even if they are wearing a helmet.
- Data from the NCAA Injury Surveillance System suggests that concussions represent 5 to 18 percent of all reported injuries, depending on the sport.

WHAT IS A CONCUSSION?
A concussion is a brain injury that may be caused by a blow to the head, face, neck or elsewhere on the body with an "impulsive" force transmitted to the head. Concussions can also result from hitting a hard surface such as the ground, ice or floor, from players colliding with each other or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.

RECOGNIZING A POSSIBLE CONCUSSION
To help recognize a concussion, watch for the following two events among your student-athletes during both games and practices:
1. A forceful blow to the head or body that results in rapid movement of the head;
   -AND-
2. Any change in the student-athlete's behavior, thinking or physical functioning (see signs and symptoms).

SIGNS AND SYMPTOMS
Signs Observed By Coaching Staff
- Appears dazed or stunned.
- Is confused about assignment or position.
- Forgets plays.
- Is unsure of game, score or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows behavior or personality changes.
- Can't recall events before hit or fall.
- Can't recall events after hit or fall.

Symptoms Reported By Student-Athlete
- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness.
- Double or blurry vision.
- Sensitivity to light.
- Sensitivity to noise.
- Feeling sluggish, hazy, foggy or groggy.
- Concentration or memory problems.
- Confusion.
- Does not "feel right."
PREVENTION AND PREPARATION
As a coach, you play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for your student-athletes:

- Educate student-athletes and coaching staff about concussion. Explain your concerns about concussion and your expectations of safe play to student-athletes, athletics staff and assistant coaches. Create an environment that supports reporting, access to proper evaluation and conservative return-to-play.
- Review and practice your emergency action plan for your facility.
- Know when you will have sideline medical care and when you will not, both at home and away.
- Emphasize that protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Review the Concussion Fact Sheet for Student-Athletes with your team to help them recognize the signs of a concussion.
- Review with your athletics staff the NCAA Sports Medicine Handbook guideline: Concussion or Mild Traumatic Brain Injury (mTBI) in the Athlete.
- Insist that safety comes first.
- Teach student-athletes safe play techniques and encourage them to follow the rules of play.
- Encourage student-athletes to practice good sportsmanship at all times.
- Encourage student-athletes to immediately report symptoms of concussion.
- Prevent long-term problems. A repeat concussion that occurs before the brain recovers from the previous one (hours, days or weeks) can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage and even death.

IF YOU THINK YOUR STUDENT-ATHLETE HAS SUSTAINED A CONCUSSION:
Take him/her out of play immediately and allow adequate time for evaluation by a health care professional experienced in evaluating for concussion.

An athlete who exhibits signs, symptoms or behaviors consistent with a concussion, either at rest or during exertion, should be removed immediately from practice or competition and should not return to play until cleared by an appropriate health care professional. Sports have injury timeouts and player substitutions so that student-athletes can get checked out.

IF A CONCUSSION IS SUSPECTED:
1. Remove the student-athlete from play. Look for the signs and symptoms of concussion if your student-athlete has experienced a blow to the head. Do not allow the student-athlete to just "shake it off." Each individual athlete will respond to concussions differently.
2. Ensure that the student-athlete is evaluated right away by an appropriate health care professional. Do not try to judge the severity of the injury yourself. Immediately refer the student-athlete to the appropriate medical staff, such as a certified athletic trainer, team physician or health care professional experienced in concussion evaluation and management.
3. Allow the student-athlete to return to play only with permission from a health care professional with experience in evaluating for concussion. Allow athletics medical staff to rely on their clinical skills and protocols in evaluating the athlete to establish the appropriate time to return to play. A return-to-play progression should occur in an individualized, step-wise fashion with gradual increments in physical exertion and risk of contact.
4. Develop a game plan. Student-athletes should not return to play until all symptoms have resolved, both at rest and during exertion. Many times, that means they will be out for the remainder of that day. In fact, as concussion management continues to evolve with new science, the care is becoming more conservative and return-to-play time frames are getting longer. Coaches should have a game plan that accounts for this change.

IT'S BETTER THEY MISS ONE GAME THAN THE WHOLE SEASON.
WHEN IN DOUBT, SIT THEM OUT.
For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.
APPENDIX #11 – ImPACT Concussion Testing Procedure

To Parents of Salem HS Athletes
From Sean Cox ATC, Head Athletic Trainer

Salem HS has been one of ten NH high schools to participate in a trial program of ImPACT™ testing in NH. Impact testing is a commercially available computer based concussion assessment. Previously, we followed a multifaceted, well delineated and agreed upon head injury protocol using best practices in sports medicine based on the “Consensus Statement on Concussion in Sport 3rd International Conference on Concussion in Sport Held in Zurich November, 2008”. The ImPACT trial program has been gathering data on concussions to NH high school athletes as well as exposing schools to the ImPACT assessment. This program is run by the NH Brain Injury Association in conjunction with Arthur Maerlender PhD, who is the head of adolescent neuropsychology at Dartmouth Medical School.

A major part of the Impact assessment is a baseline test where athletes use the internet to access the Impact assessment. The process includes background and demographic information. Data such as the number of previous concussions, presence of attention or learning problems, medications, and sport participation are asked. Once this initial data has been completed, there will be no need to re-enter the demographic information if and when follow-up testing takes place.

The last part of the assessment is a six part battery that measures both short and long term memory, visual memory, reaction time and impulsivity. While the test takes between 40-45 minutes, individuals vary and some may finish quite quickly. The baseline test is valid for 2 years. More information about the Impact assessment can be found at http://www.impacttest.com/ or by calling either Mr. Cox or Mr. Conway at 893-7069 ext. 5138. Impact testing results are not part of a student athlete’s academic record.

If an athlete suffers head injury symptoms, in addition to our established protocol, we will also have them retake the Impact test and use Dr. Maerlender’s data analysis and expertise to help us determine injury severity and safest course of action. Impact testing will be another tool we use to evaluate and monitor concussed athletes and safely return them to play.

Sean P Cox ATC
Head Athletic Trainer
Salem High School
44 Geremonty Dr.
Salem, NH 03079
Ph.603-893-7069 ext. 5138
Email - scox@sau57.org

8/2012
APPENDIX #12 - Acute Concussion Evaluation (ACE) Care Plan

Acute Concussion Evaluation (ACE)
Care Plan
Gerard Gioia, PhD & Micky Collins, PhD
Children’s National Medical Center
University of Pittsburgh Medical Center

You have been diagnosed with a concussion (also known as a mild traumatic brain injury). This personal plan is based on your symptoms and is designed to help speed your recovery. Your careful attention to it can also prevent further injury.

Rest is the key. You should not participate in any high risk activities (e.g., sports, physical education (PE), riding a bike, etc.) if you still have any of the symptoms below. It is important to limit activities that require a lot of thinking or concentration (homework, job-related activities), as this can also make your symptoms worse. If you no longer have any symptoms and believe that your concentration and thinking are back to normal, you can slowly and carefully return to your daily activities. Children and teenagers will need help from their parents, teachers, coaches, or athletic trainers to help monitor their recovery and return to activities.

Today the following symptoms are present (circle or check).

<table>
<thead>
<tr>
<th>Physical</th>
<th>Thinking</th>
<th>Emotional</th>
<th>Sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headaches</td>
<td>Sensitivity to light</td>
<td>Feeling mentally loggy</td>
<td>Irritability</td>
</tr>
<tr>
<td>Nausea</td>
<td>Sensitivity to noise</td>
<td>Problems concentrating</td>
<td>Sadness</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Numbness/Tingling</td>
<td>Problems remembering</td>
<td>Feeling more emotional</td>
</tr>
<tr>
<td>Visual problems</td>
<td>Vomiting</td>
<td>Feeling more slowed down</td>
<td>Nervousness</td>
</tr>
<tr>
<td>Balance Problems</td>
<td>Dizziness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RED FLAGS: Call your doctor or go to your emergency department if you suddenly experience any of the following:

- Headaches that worsen
- Look very drowsy, can’t be awakened
- Can’t recognize people or places
- Unusual behavior change

- Seizures
- Repeated vomiting
- Increasing confusion
- Increasing irritability

- Neck pain
- Slurred speech
- Weakness or numbness in arms or legs
- Loss of consciousness

Returning to Daily Activities
1. Get lots of rest. Be sure to get enough sleep at night—no late nights. Keep the same bedtime weekdays and weekends.
2. Take daytime naps or rest breaks when you feel tired or fatigued.
3. Limit physical activity as well as activities that require a lot of thinking or concentration. These activities can make symptoms worse.
   - Physical activity includes PE, sports practices, weight-training, running, exercising, heavy lifting, etc.
   - Thinking and concentration activities (e.g., homework, classroom load, job-related activity).
4. Drink lots of fluids and eat carbohydrates or protein to maintain appropriate blood sugar levels.
5. As symptoms decrease, you may begin to gradually return to your daily activities. If symptoms worsen or return, lessen your activities, then try again to increase your activities gradually.
6. During recovery, it is normal to feel frustrated and sad when you do not feel right and you can’t be as active as usual.
7. Repeated evaluation of your symptoms is recommended to help guide recovery.

Returning to School
1. If you (or your child) are still having symptoms of concussion you may need extra help to perform school-related activities. As your (or your child’s) symptoms decrease during recovery, the extra help or supports can be removed gradually.
2. Inform the teacher(s), school nurse, school psychologist or counselor, and administrator(s) about your (or your child’s) injury and symptoms. School personnel should be instructed to watch for:
   - Increased problems paying attention or concentrating
   - Increased problems remembering or learning new information
   - Longer time needed to complete tasks or assignments
   - Greater irritability, less able to cope with stress
   - Symptoms worsen (e.g., headache, tiredness) when doing schoolwork

-Continued on back page-
Returning to School (Continued)

Until you (or your child) have fully recovered, the following supports are recommended: (check all that apply)

- No return to school. Return on (date)________________________
- Return to school with following supports. Review on (date)________________________
- Shortened day. Recommend ___ hours per day until (date)________________________
- Shortened classes (i.e., rest breaks during classes). Maximum class length: ___ minutes.
- Allow extra time to complete coursework/assignments and tests.
- Lessen homework load by ________%. Maximum length of nightly homework: _______ minutes.
- No significant classroom or standardized testing at this time.
- Check for the return of symptoms (use symptom table on front page of this form) when doing activities that require a lot of attention or concentration.
- Take rest breaks during the day as needed.
- Request meeting of 504 or School Management Team to discuss this plan and needed supports.

Returning to Sports

1. You should NEVER return to play if you still have ANY symptoms – (Be sure that you do not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration.)

2. Be sure that the PE teacher, coach, and/or athletic trainer are aware of your injury and symptoms.

3. It is normal to feel frustrated, sad and even angry because you cannot return to sports right away. With any injury, a full recovery will reduce the chances of getting hurt again. It is better to miss one or two games than the whole season.

The following are recommended at the present time:

- Do not return to PE class at this time
- Return to PE class
- Do not return to sports practices/games at this time
- Gradual return to sports practices under the supervision of an appropriate health care provider (e.g., athletic trainer, coach, or physical education teacher).
  - Return to play should occur in gradual steps beginning with 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 of activity. Move to the next level of activity only if you do not experience any symptoms at the each level. If your symptoms return, let your health care provider know, return to the first level, and restart the program gradually.

Gradual Return to Play Plan

1. No physical activity
2. 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, light weightlifting (lower weight, higher reps, no bench, no squat).
3. Moderate levels of physical activity with body/heart movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).
4. Heavy non-contact physical activity. This includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).
5. Full contact in controlled practice.
6. Full contact in game play.

*Neuropsychological testing can provide valuable information to assist physicians with treatment planning, such as return to play decisions.

This referral plan is based on today's evaluation:

- Return to this office. Date/Time
- Refer to: Neurosurgery _______ Neurology _______ Sports Medicine _______ Psychiatrist _______ Other _______
- Refer for neuropsychological testing
- Other

ACE Care Plan Completed by: _______________________________ MD RN NP PhD ATC

© Copyright G. Coia & M. Collins, 2009
Appendix #13 – Sports Related Concussion Clearance Form
Salem School District

SPORTS RELATED CONCUSSION MEDICAL CLEARANCE AND PARENTAL PERMISSION TO BEGIN
“RETURN TO PLAY” PROTOCOL FORM

Student/athlete name: _____________________________________________________________

Date of Birth: ____________ Grade: ____________ Gender: □ male, □ female

Name of health care provider: ___________________________________________________

Address of health care provider: _________________________________________________

Phone number of health care provider: ___________________________________________

I HEREBY AUTHORIZE THE ABOVE NAMED STUDENT-ATHLETE FOR “RETURN TO PLAY” PROTOCOL TO BEGIN.

Health Care Provider’s Signature: __________________________Date: ______________

I attest that I am licensed, certified, or otherwise statutorily authorized by the state to provide medical treatment and am trained in the evaluation and management of concussions.

If the health care provider does not complete this form, attach a copy of the written clearance for return to play, which is signed and dated by the health care provider.

---

According to New Hampshire Law, the student athlete must present written permission from a parent or guardian before returning to sport activity. Once written permission is received, the student athlete will begin the “Return to Play” protocol. The “Return to Play” protocol is a minimum of 5 days before full game play can begin for the safety of the student athlete and is outlined below.

**NHIAA Medical Clearance RTP Protocol**

1. No “exertion” activity until asymptomatic.
2. When the athlete appears clear, begin low impact activity such as walking, stationary bike, etc.
3. Initiate aerobic activity fundamental to specific sport such as skating or running, and may also begin progressive strength training activities.
4. Begin non-contact skill drills specific to sport such as dribbling, fielding, batting, etc.
5. Full contact in practice setting.
6. If athlete remains asymptomatic, he or she may return to game/play.

A. ATHLETE MUST REMAIN ASYMPTOMATIC TO PROGRESS TO THE NEXT LEVEL.
B. IF SYMPTOMS RECUR, ATHLETE MUST RETURN TO PREVIOUS LEVEL AFTER BEING ASYMPTOMATIC FOR 24 HOURS.
C. MEDICAL CHECK SHOULD OCCUR BEFORE CONTACT.

- All steps must be approved, guided and progressed by the athletic trainer.
- For the safety of the student athlete, steps may not be skipped or changed. The athletic trainer reserves the right to make the final determination of return to play.
- Impact testing and interpretation also play a role in the RTP process.

I HEREBY AUTHORIZE THE ABOVE NAMED STUDENT-ATHLETE FOR “RETURN TO PLAY” PROTOCOL TO BEGIN.

Parent/ Guardian Print Name: ___________________________ Phone: ______________

Parent/ Guardian Signature: ____________________________________________ Date: ______________
CHAPTER 234
SB 402 – FINAL VERSION

2012 SESSION

SENATE BILL 402
AN ACT relative to the adoption of policies for the management of concussion and head injury in student sports.
COMMITTEE: Health and Human Services

AMENDED ANALYSIS

This bill requires school districts to develop policies for the management of concussion and head injury in student sports and limits a school district's liability for injuries occurring on school district property.

Explanation: Matter added to current law appears in bold italics.
Matter removed from current law appears in brackets and strikethrough.
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twelve

AN ACT relative to the adoption of policies for the management of concussion and head injury in student sports.

Be it Enacted by the Senate and House of Representatives in General Court convened:
234:1 Legislative Findings. The general court finds that:

I. A concussion is caused by a blow or motion to the head or body that causes the brain to move rapidly inside the skull. The risk of catastrophic injuries or death are significant when a concussion or head injury is not properly evaluated and managed.

II. Concussions are a type of mild brain injury that can disrupt the way the brain normally works. Concussions can result from a fall or from players colliding with each other, the ground, or obstacles. Concussions occur with or without loss of consciousness, but the vast majority occur without loss of consciousness. When managed properly, the majority of concussions resolve without direct medical intervention in 10-14 days.

III. Continuing to play with a concussion or symptoms of head injury leaves the student-athlete especially vulnerable to greater injury and even death.

234:2 New Subdivision; Health and Sanitation; Head Injury Policies for Student Sports. Amend RSA 200 by inserting after section 48 the following new subdivision:

Head Injury Policies for Student Sports

200:49 Head Injury Policies for Student Sports. Education is the key to identification and appropriate management of all concussions. The school board of each school district is encouraged to develop guidelines and other pertinent information and forms for student sports to inform and educate coaches, student-athletes, and student-athletes’ parents or guardians of the nature and risk of concussion and head injury including continuing to play after concussion or head injury. On an annual basis, a school district or school is encouraged to distribute a concussion and head injury information sheet to all student-athletes.

200:50 Removal of Student-Athlete.

I. A school employee coach, official, licensed athletic trainer, or health care provider who suspects that a student-athlete has sustained a concussion or head injury in a practice or game shall remove the student-athlete from play immediately.

II. A student-athlete who has been removed from play shall not return to play on the same day or until he or she is evaluated by a health care provider and receives medical clearance and written authorization from that health care provider to return to play. The student-athlete shall also present written permission from a parent or guardian to return to play.

III. No person who authorizes a student-athlete to return to play shall be liable for civil damages resulting from any act or omission in the rendering of such care, other than acts or omissions constituting gross negligence or willful or wanton misconduct.
School Districts; Limitation of Liability. An employee of a school administrative unit, school, or chartered public school, or a school volunteer, pupil, parent, legal guardian, or employee of a company under contract to a school, school district, school administrative unit, or chartered public school, shall be immune from civil liability for good faith conduct arising from or pertaining to the injury or death of a student-athlete provided the action or inaction was in compliance with this subdivision and local school board policies relative to the management of concussions and head injuries. This limitation of liability shall extend to school-sponsored athletic activities. A school district or school may provide concussion guidelines to other organizations sponsoring athletic activities on school property, however the school district or school shall not be required to enforce compliance with such guidelines.

Definitions. As used in this subdivision:

I. “Health care provider” means a person who is licensed, certified, or otherwise statutorily authorized by the state to provide medical treatment and is trained in the evaluation and management of concussions.

II. “School property” means school property as defined in RSA 193-D:1, V.

III. “Student-athlete” means a student in grades 9-12 involved in student sports.

IV. “Student sports” means athletic programs for students in grades 9-12.

Effective Date. This act shall take effect 60 days after its passage.

Approved: June 18, 2012

Effective Date: August 17, 2012
CONCUSSION POLICY

The Salem School Board recognizes that student-athletes are at risk of suffering concussions while participating in school athletics. The Board also understands the importance of educating students, parents and school staff about the risks of concussions and the need for careful handling of the post-injury healing process.

Concussion Information to Parents and Student-Athletes

The Athletic Department will distribute this policy and a concussion and head injury information sheet to all student athletes at sign-ups or try-outs for each sport or at the orientation program for each sport. A parent/legal guardian and the student-athlete must submit a signed acknowledgment indicating that they have reviewed and understand the information provided before being permitted to play in regular season games.

Student-Athletes with Suspected Concussions

Coaches are required to be alert to situations where a student-athlete may have suffered a concussion or head injury. However, there may be situations where a coach may not have observed an incident which could result in a concussion or head injury. A student-athlete and his or her parent or parents are required to report to the coach any incident which may result in a concussion or head injury, or any possible symptoms.

Any student-athlete who is suspected of sustaining a concussion or head injury in practice or in a game shall be immediately removed from play. A school employee coach, official, licensed athletic trainer, or health care provider who suspects that a student-athlete has sustained a concussion or head injury in a practice or game shall remove the student-athlete from play immediately. The student-athlete shall not return to play in either practice or in a game that day and until he or she is evaluated by a health care provider and receives a written medical authorization to return to play. The student-athlete’s parent/guardian must also complete and sign the Salem Parental Permission to Return to Play form.

Academic Issues in Concussed Students

In the event a student is concussed, regardless of whether the concussion was a result of a school-related or non-school-related activity, school district staff should be mindful that the concussion may affect the student’s ability to learn. In the event a student has a concussion, that student’s teachers will be notified. Administrators and district staff will work to establish a protocol and course of action to ensure the student is able to maintain his/her academic responsibilities while recovering from the concussion.

Legal Reference: RSA 200:50

Adopted 11/27/12
Resources

- Seacoast Center For Athletes, Somersworth, NH, Concussion Management Plan
- University of New Hampshire Concussion Management Plan
- Centers for Disease Control (http://www.cdc.gov/concussion/HeadsUp/high_school.html)
- National Federation of State High School Association (http://www.nfhs.org/content.aspx?id=5786)
- Balance Error Scoring System (BESS)
- Standard Assessment of Concussion (SAC)
- Consensus Statement on Concussion in Sport 4th International Conference on Concussion in Sport Held in Zurich, November 2012, bjsm.bmj.com on March 11, 2013 - Published by group.bmj.com
- Brain Injury Assoc of NH (www.BIANH.org), Sport-Related Concussion Consensus Statement, v 2.1, 9/2011