



**Independent School District**

*Preparing Students Today for Success Tomorrow*

## **Concussion Policy & Procedures**

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## Elysian Fields Independent School District

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# 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, have been developed in accordance with Texas Education Code Sec. 38. 151-160 and the goals of EFISD and Health Services to ensure the well-being of each student. The risk of repeated concussions and the second-impact syndrome is also a concerning factor. These two problems can have long-lasting and even terminal effects on athletes.

Continuing to be physically active with the signs and symptoms of a concussion leaves students 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 severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage students will often underreport symptoms of injuries (including concussions). As a result, the education of administrators, nurses, teachers, coaches, parents, and students are the key to a student's safety.

### Purpose

EFISD recognizes that concussions pose a significant health risk for students. Therefore, the Concussion Oversight Team has implemented policies and procedures to deal with the assessment, prevention, management, and return-to-play guidelines for students and student-athletes who have sustained a head injury. The 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 a student to return to normal activity or an athlete to return to competition.

### Prevention

To reduce the number of head injuries in EFISD, the district insists that "safety comes first." The following procedures will be used as a guideline to assist in the prevention of head injuries.

- Request accurate information from parents/guardians on physical form
- Teach and practice safe playing techniques
- Teach students and student-athletes the dangers of playing with a concussion
- Obtain acknowledgment from parents/guardians that they have reviewed the concussion information provided by the UIL
- Encourage athletes to follow the rules of play and to always practice good sportsmanship.
- Ensure athletes wear the right protective equipment for their activity (such as helmets, padding, and mouth guards)
- Ensure headgear fits the individual and is secured properly to the individual
- Ensure that for all sports that require headgear, a coach or appropriate designee periodically checks headgear to verify air bladders are functional and are appropriately filled; and
- Periodically verify that padding is in proper working condition.

Although all head injuries cannot be prevented, EFISD is working proactively to reduce the number and severity of head injuries that do occur.

## **Reporting Head Injuries**

It is important that the student/parent report all head injuries received to their campus clinical staff, athletic trainer, or coach. This includes any head injury that occurs outside of the school environment. It is important that any head injuries be reported before a student engages in physical activity.

## **Initial Athlete Evaluation/Assessment**

In all cases in which a head injury is suspected, the student must be removed from athletic participation and an **initial assessment** will take place. Following the initial assessment, the need for further medical evaluation will be determined in accordance with Texas Education Code Sec. 38. 151-160. If the Return to Play Protocol is initiated, the student will **NOT** be allowed further participation on the day of injury. EFISD Head Injury Notification & Physician Clearance for Return to Play (RTP) Protocol will be provided, and parents/guardians will be contacted.

## **Health Care Professional Evaluation**

Evaluation by a physician should include a neurological and a functional test per Texas Education Code Sec. 38. 151-160. 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 student and/or athlete that has sustained a head injury is required to report to the school nurse or athletic trainer daily. The athletic trainer will be responsible for notifying the high school or middle school nurse of the head injuries of student-athletes.

## **Treatment/ Rehabilitation**

EFISD athletes who sustain a head injury will be restricted from UIL athletics until successful completion of the UIL RTP. EFISD strongly recommends that students with head injuries refrain from outside activities such as recreational exercise and club sports.

Additionally, treating physicians may recommend that a student should limit video games, television viewing, computer usage, and cell phone usage, including text messaging.

Classroom accommodations, if deemed necessary by the treating physician, will be communicated with the student's teachers, and academic accommodations will be made per the treating physicians' instructions. These academic accommodations will expire upon the completion of Level 4 of the RTP unless specified by the treating physician.

## **Follow-up Evaluation**

EFISD 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/school nurse daily until cleared by a physician. Once cleared by a physician, athletes will be required to complete a progressive return-to-activity protocol, and parents will be required to sign a UIL Concussion Management Protocol Return to Play Form. Please keep in mind, that even if an athlete is cleared by a physician, he or she may not pass the progressive return-to-play protocol.

## **Return-To-Play Considerations**

*EFISD is proactive in the prevention, recognition, and management of concussions 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 the athletic trainer, school nurse, and the athlete's physician.*

EFISD's 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 again to progress after a 24-hour period of rest has passed. If the athlete remains symptomatic for an extended period, 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 weightlifting, resistance training, or any other exercise.**

**Level 2- Moderate aerobic exercise- 15-20 minutes of running/jogging 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 weightlifting, 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 the athlete's physician and athletic trainer/school nurse in establishing a timeline for an athlete's return to activity. It is important to note that this timeline could last over days, weeks, or months or potentially medically disqualify the student from athletics. All cases should be handled on an individual basis.

## **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 Nurse/Safety Coordinator will report to the Concussion Oversight Team
- Athletic Trainer will report to the Concussion Oversight Team
- Safety Coordinator will follow up with the Athletic Trainers and Campus Nurses on all head injuries

## Liability Provisions

The creation of this policy and procedures handbook does not, in any way:

- Waive statutory or common law immunity from liability of EFISD, or of its officers or employees;
- Create liability for a cause of action against EFISD or against its officers or employees; Waive immunity from liability under Section 74.151, Civil Practice and Remedies Code; or
- Create 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 solely on service on the concussion oversight team.

<b>EFISD</b> <b>Concussion Management Card</b>	
	
<b>Possible Signs and Symptoms Evaluation</b>	
<b>Signs Observed by Staff:</b>	<b>Symptoms Reported by the Student or Athlete:</b>
1) appears to be dazed or stunned 2) is confused about current circumstances 3) forgets plays or assignment 4) is unsure of game score, or opponent 5) moves clumsy 6) answers questions slow 7) loses consciousness (even temporarily) 8) shows behavior or personality change 9) forgets events prior to hit (retrograde) 10) forgets events after hit (anterograde)	1) headache 2) nausea 3) balance problems or dizziness 4) double or fuzzy vision 5) sensitivity to light or noise 6) feeling sluggish 7) feeling “foggy” 8) change in sleep pattern
<b>Symptoms may worsen with exertion or become present over time. Any failure should be considered abnormal.</b>	

<b>On-Site Cognitive Testing</b>
<b>Orientation</b> 1. When did the headache start? 2. What stadium/school is this? 3. Who is the opposing team? 4. What month is it? 5. What day is it?
<b>Anterograde Amnesia</b> Ask the athlete to repeat three words. Ex. Girl, Dog, Green      Ex. Ball, Red, School
<b>Retrograde Amnesia</b> Ask the athlete the following questions. 1. Do you remember what happened? 2. When was the last time you ate? 3. What did you have to eat last? 4. What quarter/period are we in? 5. What is the score of the game?
<b>Concentration</b> Ask the athlete to do the following. 1. Repeat the days of the week backward (starting with today). 2. Repeat series of numbers backward: Ex. 419 (914 is correct)    6385 (5836 is correct)
<b>Word List Memory</b> Ask the athlete to repeat the three words from earlier Ex. Girl, Dog, Green    Ex. Ball, Red, School

**Physicians:** For a student-athlete to return to UIL competition, he/she must be evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a **treating physician**. If applicable, please attach a detailed description of your recommended classroom accommodations to this form. EFISD will discontinue classroom accommodations upon the athlete's successful completion of Level 4 of the RTP unless specified in your communication. In your professional opinion:



## Elysian Fields Independent School District

### Concussion Oversight Team: Head Injury Return-to-Play (RTP) Checklist

Student name/ID: \_\_\_\_\_/\_\_\_\_\_ Campus: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**Before initiating the RTP protocol**, ensure all documents listed below have been supplied/received as appropriate.

Date of Injury	Date: ____/____/20____
<input type="checkbox"/> Completed <i>Injury Report</i> (uploaded to Rank One or sent to Safety Coordinator)	Date: ____/____/20____
<input type="checkbox"/> Provided Parent/Guardian <i>Head Injury Notification &amp; Physician Clearance for RTP Protocol</i> form (pink copy retained by EFISD staff/white and yellow copy sent with a parent for <b>physician</b> completion)	Date: ____/____/20____
<input type="checkbox"/> Nurse Notified (if protocol not initiated by a nurse)	Date: ____/____/20____
Date of <b>Physician</b> evaluation	Date: ____/____/20____
<input type="checkbox"/> Conditional release received (follow-up w/ <b>physician</b> required)	N/A or Date: ____/____/20____
Unconditional release (no follow-up required)	Date: ____/____/20____

**Upon submission/receipt of all documents listed above**, proceed to Level 1 assessment. **NOTE: An athlete can only complete one level per day.** Any athlete report (or EFISD employee observation) of head injury symptoms stops the RTP protocol, and the athlete must wait 24 hours before repeating the protocol level that induced symptoms. If a student continues to exhibit the same symptoms after 3 failed attempts, they must return to a physician and repeat protocol after physician clearance.

**Level 1:** Light aerobic exercise: 5-10 minutes of exercise bike or light jog. No weightlifting, resistance training, or other exercise. Athlete completes level w/o symptoms

Supervisor Initials:	Date: ____/____/20____	
<input type="checkbox"/> AT/Nurse asymptomatic assessment	AT/Nurse Initials: _____	Date: ____/____/20____ <b>Completed Level 1</b>

**Level 2:** Moderate aerobic exercise: 15-20 minutes of moderate intensity running, jogging (gym or field) without a helmet or other equipment. Athlete completes level w/o symptoms

Supervisor Initials:	Date: ____/____/20____	
<input type="checkbox"/> AT/Nurse asymptomatic assessment	AT/Nurse Initials: _____	Date: ____/____/20____ <b>Completed Level 2</b>

**Level 3:** Non-contact training drills in full uniform. May begin weightlifting, resistance training, and other exercises.

Athlete completes level w/o symptoms	Supervisor Initials: _____	Date: ____/____/20____	
<input type="checkbox"/> AT/Nurse asymptomatic assessment	AT/Nurse Initials: _____	Date: ____/____/20____	<b>Completed Level 3</b>

**Level 4:** Full contact practice or training.

Athlete completes level w/o symptoms	Supervisor Initials: _____	Date: ____/____/20____	
<input type="checkbox"/> AT/Nurse asymptomatic assessment	AT/Nurse Initials: _____	Date: ____/____/20____	<b>Completed Level 4</b>

**Stop RTP and complete the document as described below.**

<input type="checkbox"/> EFISD AT/Nurse completes the top portion of <i>UIL RTP Consent Form</i>	Date: ____/____/20____
<input type="checkbox"/> Parent/Guardian completes bottom portion of <i>UIL RTP Consent Form</i>	Date: ____/____/20____

**Upon receipt of the UIL RTP Consent Form** (all boxes checked and signed by P/G), proceed to Level 5 assessment.

**Level 5:** Full gameplay.

<input type="checkbox"/> Athlete completes level w/o symptoms	Supervisor Initials: _____	Date: ____/____/20____	
<input type="checkbox"/> AT/Nurse asymptomatic assessment	AT/Nurse Initials: _____	Date: ____/____/20____	<b>Completed Level 5</b>

AT/Nurse printed name: \_\_\_\_\_

Supervisor printed name: \_\_\_\_\_



# 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)

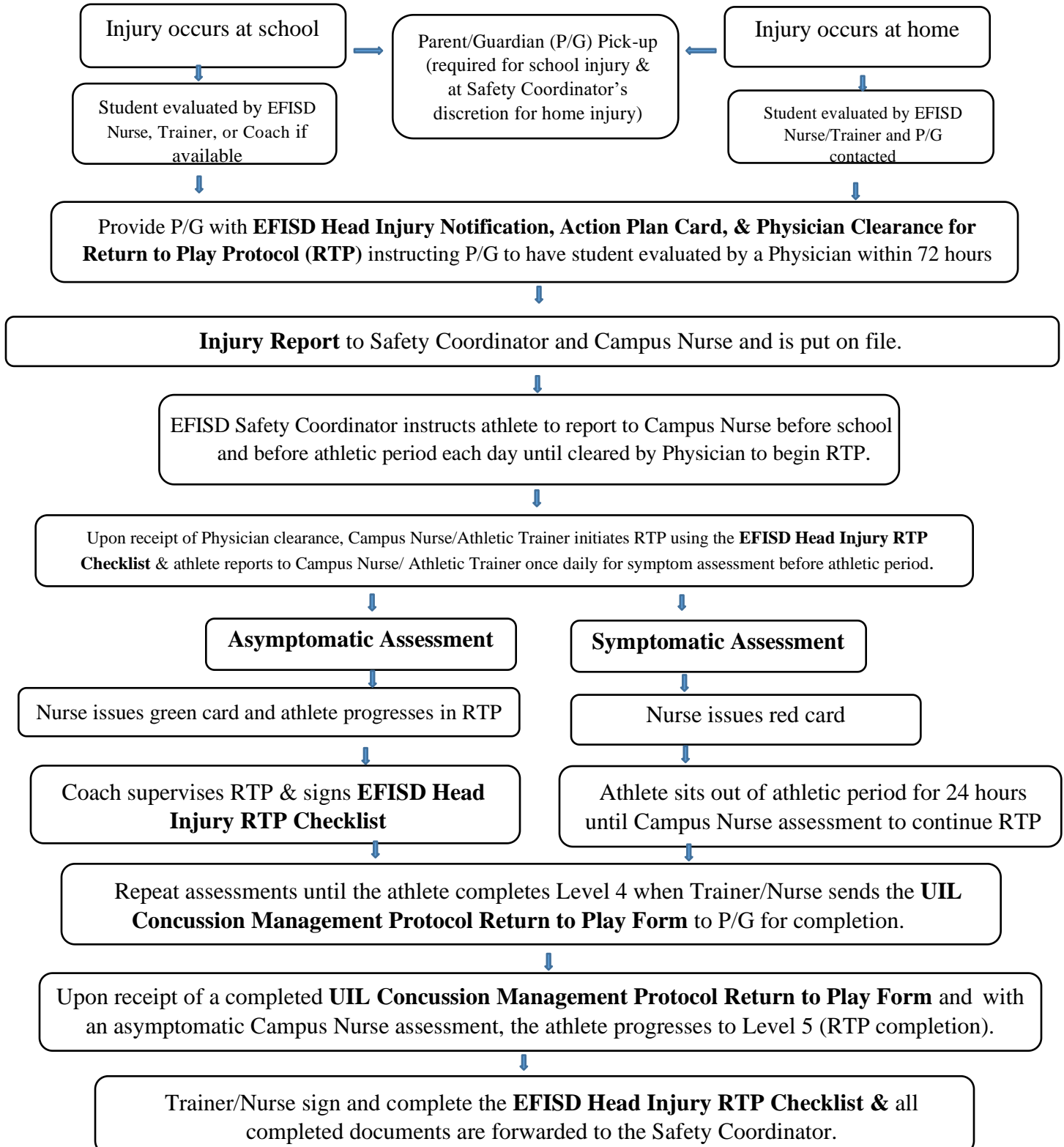




## Elysian Fields Independent School District

### Elementary & Middle School Return to Activity (RTA) Management Protocol

Traumatic Force head injuries (head-to-head contact, falling and hitting ground, etc.) exhibiting unconsciousness or any concussion-like symptoms must be reported to the EFISD Safety Coordinator, Campus Nurse or Athletic Trainer immediately. Nurses, Trainers, and Coaches must communicate regularly to ensure compliance with RTP expectations.



# **Concussions**

## **(Texas Education Code Sec. 38. 151-160)**

- Report All Head Injuries
- Remove from Activity Immediately Parent/Guardian Contact
- Physician Release Parent/Student Release
- Progressive Return to Play Protocol
  - 1) Light Aerobic
  - 2) Moderate Aerobic
  - 3) Non-Contact Practice
  - 4) Full Contact Practice
  - 5) Full Game