Eagle Mountain-Saginaw Independent School District

Concussion Oversight Team

Physicians

Damond Blueitt, MD Orthopedic Specialty Associates Ben Hogan Center 800 Fifth Avenue, Suite 500 Fort Worth, TX 76104 PH: 817-878-5300 Fax: 817-878-5307 Michele Kirk, MD Alex Autry, DO JPS Health Network Fam. HTH Ctr. 1500 S. Main St. Fort Worth, TX 76104 PH: 817-921-3431

Elizabeth Batterton, MD Fort Worth Orthopedics 1651 W. Rosedale, #100 Fort Worth, TX 76104 PH: 817-443-3450 John Zarosky, MD TX Health Physicians Grp. 3024 Highway 121 Bedford, TX 76021 PH: 817-494-5000 Fax: 817-494-5001

Athletic Trainers

David Reed, LAT Head Athletic Trainer Boswell High School

Kelly Joe, ATC, LAT Assistant Athletic Trainer Boswell High School Rick Redden, ATC, LAT Head Athletic Trainer Saginaw High School

Caitlin Boal, ATC, LAT Assistant Athletic Trainer Saginaw High School Jeffrey Bass, ATC, LAT Head Athletic Trainer Chisholm Trail High School

Rebecca Ensley, ATC, LAT Assistant Athletic Trainer Chisholm Trail High School

Revised 10/16/17

Eagle Mountain-Saginaw Independent School District

Concussion Oversight Team Guidelines

Guidelines for Concussion Management

Symptoms Requiring Immediate Emergency Attention

- 1. Seizure activity
- 2. Decreased level of consciousness
- 3. Decrease or irregularity in respiration
- 4. Unequal, dilated or unreactive pupils
- 5. Loss of consciousness on the field for more than 15 seconds
- 6. Any signs or symptoms of associated injures, spine or skull fracture or bleeding
- 7. Mental status changes: lethargy, difficulty maintaining alertness, confusion, or agitation
- 8. Nystagmus (Dancing Eyes)

Day of Injury Referral (Not necessarily emergency transport)

- 1. Tinnitus
- 2. Amnesia
- 3. Cranial nerve deficits
- 4. Vomiting
- 5. Motor deficits subsequent to initial on-field exam
- 6. Sensory deficits subsequent to initial on-field exam
- 7. Balance deficits subsequent to initial on-field exam
- 8. Cranial nerve deficits subsequent to initial on-field exam

Delayed Referral (after the day of the injury)

- 1. Any of the findings in the day of injury referral category
- 2. Post-concussion symptoms worsen or do not improve over time
- 3. Increase in the number of post-concussion symptoms reported
- 4. Post-concussion symptoms begin to interfere with the athlete's daily activities (i.e. sleep, cognition, depression, aggression, etc.)

Return to Play Protocol for Student's and Parents

EMS ISD has developed a protocol for managing concussions. This policy includes a multidiscipline approach involving neuropsychological testing, 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. Your son/daughter must pass all of these tests in order to return to sport activity after having a concussion.

- 1. All athletes who sustain head injuries will be evaluated by the athletic trainer and a physician. They must have a normal physical and neurological exam prior to being permitted to progress to activity. This includes athletes who were initially referred to an emergency department.
- 2. The student will be monitored daily at school by the athletic trainer. His/her teachers will be notified of their injury and what to expect. Accommodations may need to be given according to physician recommendations and observations. This may include physician recommended absence from school or modified attendance.
- 3. The student will be given a neurocognitive test once they are symptom free. All athletes in contact sports will have this assessment prior to their season to form a baseline. EMS ISD utilizes the ImPact and Concussion Vital Signs software program for this. The athlete's post- injury testing data must be within normal limits before he/she is released to activity.
- 4. The student must be asymptomatic at rest and exertion.
- 5. Once cleared to begin activity, the student will start a progressive step-by-step procedure. The progressions will advance at the rate of one step per day. The progressions are:
 - a. No activity until the athlete is symptom free
 - b. Physician clearance to begin activity
 - c. Light aerobic exercise
 - d. Moderate aerobic exercise
 - e. Heavy aerobic exercise
 - f. Non-contact training drills with resistance training
 - g. Full contact training drills
 - h. 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.
- 6. Once the student has completed steps 1 through 5, he/she may return to their sport activity with no restrictions.

Dear Teacher

______, is returning to school after having sustained a concussion. A concussion is a complex injury to the brain caused by movement of the brain within the skull. Please observe this student during class. He/she may still be suffering from post-concussion syndrome and may not be able to participate at their normal level. Some things that you may notice are headaches, dizziness, nausea, lethargy, moodiness, blurred vision, poor concentration, mentally slow, depression, or aggression. These symptoms may be temporary or long lasting. Please also realize that the student athlete may seem "normal" at times, and then affected by symptoms within the same class period or throughout the day. This is to be expected with a concussion. Symptoms can and do wax and wane.

Because these symptoms may linger for an unspecified period of time, the student athlete is likely to miss some school days and you may need to modify school work until he/she is symptom free. Workload, homework, and testing may need to be reduced or more time given. Frequent breaks while doing schoolwork are very important. Pre-printed class notes would be helpful. Math, reading or other work requiring intense concentration will be more difficult. Reading will very often lead to headaches. Students may also have trouble with the bright lights of your classroom and ask for permission to wear sunglasses. If you have this student at lunch time, they may also ask to go eat in a quiet place to avoid the noisy lunch room.

You are an important member of the team that is treating our athlete. The physician, athletic trainer, and coach only get to see a snapshot of their daily activity. Any information that you observe and you feel would be helpful to us in the care of the athlete do not hesitate to contact us and share.

Thank you in advance,

Eagle Mountain-Saginaw ISD Athletic Training

HOME HEAD INJURY CARE

Treatment:

- Rest
- Observation
- ABSOLUTELY NO aspirin, alcohol product, energy drinks, or any other type of blood thinner
- Ibuprofen (Advil or Motrin) or Acetaminophen (Tylenol) may be given in over the counter doses only
- No video game, TV, cell phone (only talking permitted, no texting or emails), iPod, computer use for the first 72 hours
- After 72 hours limit use of TV, cell phone, and iPod to 30 minute segments every 4 hours
- Limit physical activity of any kind

Report to hospital immediately if any of the following symptoms occur:

- Persistent headaches, neck, or back pain
- Bleeding or clear fluid draining from the nose or ears
- Blurred or double vision
- Weakness in the arms and or legs
- Pupils that do not change size when exposed to light
- Persistent vomiting
- Confusion, irritability, unusual drowsiness, amnesia (inability to recall names and places)
- Repeatedly asks the same questions even though you answered them minutes earlier

Graded Symptom Check List

		2-3 Hours post	24 Hours post	48 Hours post	72 Hours post
Symptom	Time of injury	_	injury	injury	injury
Blurred vision					
Dizziness					
Drowsiness					
Excess Sleep					
Easily Distracted					
Fatigue					
Mentally Foggy					
Headache					
Inappropriate emotions					
Irritability					
Insomnia					
Loss of Consciousness					
Memory problems					
Nausea					
Nervousness					
Poor Balance					
Poor Concentration					
Ringing in ears					
Sadness					
Seeing Stars					
Sensitivity to Light					
Sensitivity to noise					
Sleep disturbance					
Vomiting					

Ask the athlete to grade or score the severity of the symptoms on a scale of 0-6.

0=not present and 6=most severe.

Comments: