

**Student Sports – Concussion and Head Injuries**

**Concussion and Head Injury Management in Student Sports**

**A. Duties of the Athletic Director or Administrator in Charge of Athletics:**

1. Annually, each spring, the Athletic Director or the administrator in charge of athletics, if there is not Athletic Director, shall review, with the District’s Medical Advisor and athletic trainer, any changes that have been made regarding the management of concussion and head injuries.
2. By the conclusion of the school year, the Athletic Director or administrator in charge of athletics will identify the competitive sport activities in the District for which compliance with the concussion and head injury policy is required. A list of competitive sports activities and the District’s policy and procedures will be distributed to all members of the coaching staff.
3. The Athletic Director or the administrator in charge of athletics, if there is no Athletic Director, shall be responsible for determining that all coaches of intramurals or interscholastic sports have fulfilled the required initial training and subsequent follow-up regarding concussions and head injuries prior to the coach’s commencement of his/her assignment, effective July 1, 2010.

**B. Training of Coaches**

All coaches shall undergo training in head injuries and concussion management as required by state statute, commencing July 1, 2010 in a program approved by the State Board of Education. In addition, the Centers for Disease Control and Prevention (CDC) has made available a tool kit, *“Heads Up: Concussion in High School Sports,”* which can provide additional information for coaches, athletes, and parents.

**C. Parent/Student Information Sheet**

On a yearly basis, a concussion and head injury information sheet shall be signed and returned by the student athlete and the athlete’s parent/guardian prior to the student athlete’s initiating practice or competition. This information sheet may be incorporated into the parent permission sheet which permits students to participate in extracurricular athletics.

**Student Sports – Concussion and Head Injuries** (continued)

**D. Coaches Responsibility**

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

**E. Return to Play After Concussion or Head Injury**

1. A student athlete who has been removed from play may not participate in any supervised team activities involving physical exertion, including, but not limited to practices, games, or competitions, sooner than twenty-four hours\*after such athlete was removed from play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussions and receives a written clearance to return to play from the health care provider. [or: Any athlete removed from play because of a concussion must have written medical clearance from an appropriate health care professional before he/she can resume practice or competition.]
2. After medical clearance, the return to play by the athlete should follow a stepwise protocol with provisions for delayed return to play based on return of any signs or symptoms.

**Student Sports – Concussion and Head Injuries** (continued)

3. The medical clearance return to play protocol is as follows:
- a) No exertional activity until asymptomatic.
  - b) When the athlete appears clear, begin low-impact activity such as walking, stationary bike, etc.
  - c) Initiate aerobic activity fundamental to the specific sport such as skating, or running and may also begin progressive strength training activities.
  - d) Begin non-contact skill drills specific to sport such as dribbling, fielding, batting, etc.
  - e) Full contact in practice setting.
  - f) If athlete remains asymptomatic, he/she may return to game/play.

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

\*\* licensed health care professional” means a physician licensed pursuant to Chapter 370 of the General Statutes, a physician assistant licensed pursuant to Chapter 370 of the General Statutes, an advanced practice registered nurse licensed pursuant to Chapter 378 of the General Statutes or an athletic trainer licensed pursuant to Chapter 375a of the General Statutes.

The Board believes that at the forefront of concussion management is the implementation of baseline testing, through the implementation of the ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) Program. Subject to the availability of financial resources, District athletes will receive “baseline” testing prior to the start of the sports season and should be done for individual athletes at least every other year.

Legal Reference: Connecticut General Statutes  
Public Act 10-62 An Act Concerning Student Athletes and Concussions