



Hamilton
Independent School District

Hamilton ISD Concussion Management

Concussion Oversight Committee

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Concussion Oversight Team (COT):

Dr. Keith Ellison
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Purpose:

The Hamilton ISD athletic department recognizes that concussions pose a significant health risk for students and athletes. Therefore, the athletic 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 athletic 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 HISD. HISD utilizes ImpACT concussion management system for neurocognitive testing on high school athletes. 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 judgement on an individual basis to determine when it is safe for an athlete to return to competition. The HISD Concussion Oversight team is committed to utilizing current standards and methods in its multidisciplinary approach to concussion management to include: neuropsychological testing (ImpACT), and a progressive return to play protocol. Education of administrators, coaches, parents, and students is the key for student athlete's safety.

What is a Concussion?

A concussion is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head that can change the way your brain normally works.

Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. 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 symptoms?

- Dizziness, disorientation or stupor
- Blurred or double vision
- Nausea
- Persistent vomiting
- Pupils which are dilated, unequal in size or non-reactive to light
- Unusual or bizarre behavior including emotional and mental
- Slowing of Pulse
- Weakness or odd sensations in the arms or legs
- Any discharge from the nose or ears
- Convulsions/Seizure activity
- Any period of loss of consciousness
- Headache or persistent headache
- Memory deficit
- Feeling “foggy”
- Ringing in the ears
- Vacant stare
- Lack of coordination

Prevention

In an effort to reduce the number of head injuries in HISD, the district insist that safety comes first. Although not all head injuries will be prevented, HISD is working proactively in order to reduce the number and severity of head injuries that do occur. 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

Reporting Head Injuries

It is important that the student athlete/parent report all head injuries receive to the 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.

Athletes with the signs and symptoms of a concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers 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.

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 initial assessment will utilize the HISD Concussion Management Card. Following the initial assessment, further medical evaluation will be determined. The athlete will NOT be allowed further participation on the day of injury. HISD Home Instructions for Head Injury will be provided, and parent/guardians will be contacted.

Concussion Management Protocol Procedures

- Student athlete will be removed from athletic participation immediately. Physical and mental rest will begin.
- Evaluation by a Health Care Professional including a neurological and functional test. (eye movements, pupil response, balance (static & dynamic).
- School Evaluation - Any athlete that has sustained a head injury is required to report to the coach daily. High school athletes will be scheduled for a follow-up ImPACT test within a reasonable amount of time. The athlete's post injury testing data must be within normal limits before he/she is released to begin activity. In this situation, the school nurse will also be notified. ****The athlete's post-injury testing data must be within normal limits before he/she is released to begin activity.**
- If deemed necessary, academic modifications will be applied and principal and teachers will be notified of the student athlete's condition and accommodation needs.
- If a student athlete sees his/her personal physician, coaches must:
 1. Receive documentation with clearance for return to play protocol from personal physician.
 2. Receive documentation from athlete's treating physician for full clearance.
- Once cleared to begin activity, the student will start a progressive step-by procedure outlined in the following steps. The progressions will advance at the rate of one step per day. Athlete progression continues as long as athlete is asymptomatic at current activity

level. If the athlete experiences and post-concussion symptoms, he/she will be re-evaluated by the physician again, wait 24 hours and start the progression at the beginning.

- Upon successful completion of the return to play protocol and prior to return to play, the students must have on file a note from the physician stating their professional opinion that it is safe for that student to return to play. In addition, the student athlete and parent or legal representative must complete the UIL concussion management protocol return to play form.



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Graduated Return to Play Protocol

In General:

Phase 1: Light aerobic activity (10-15 minutes) - increase heart rate

Phase 2: Moderate to Heavy Activity (20-30 minutes) - add movement

Phase 3: Non-Contact activity (NO resistance exercises) - Exercise, coordination, cognitive load

Phase 4: Full Contact (Resume weights) - Restore confidence and assess functional skills by coaches

Phase 5: Return to Game

Football:

Phase 1: Jog/Bike/Elliptical (10-15 minutes)

Phase 2: Moderate to Heavy Activity (20-30 minutes)

- Running, ladder drills, throwing, catching, balance activities

Phase 3: Sport Specific Activity

- Running drills, non-contact drills

Phase 4: Full contact practice

Phase 5: Return to Game

Volleyball:

Phase 1: Jog/Bike/Elliptical (10-15 minutes)

Phase 2: Moderate to Heavy activity (20-30 minutes)

- Drills, bumping/passing, balance

Phase 3: Sport Specific Activity

- May participate in volleyball drills, but not live scrimmage

Phase 4: Full Practice

- Live scrimmage, rolling, diving

Phase 5: Return to Game

Basketball:

Phase 1: Jog/Bike/Elliptical (10-15 minutes)

Phase 2: Moderate to Heavy Activity

- Ball drills, jogging, shooting drills, balance drills

Phase 3: Sport Specific Activity

- Higher intensity, non-contact drills

Phase 4: Full Practice

Phase 5: Return to Game

Baseball/Softball:

Phase 1: Jog/Bike Elliptical (10-15 minutes)

Phase 2: Moderate to Heavy Activity

- Jogging, tracking balls, balance

Phase 3: Hitting Fielding, No Sliding

Phase 4: Full Practice

Phase 5: Return to Game

Cheerleader:

Phase 1: Jog/Bike Elliptical (10-15 minutes)

Phase 2: Moderate to heavy Activity

Phase 3: Cheer chants, no jumping

Phase 4: Full Practice

Phase 5: Return to Cheerleading



Hamilton ISD Parent/Care Regarding Concussion/Head Injury

_____ 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. Due 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 9-1-1 or take the athlete to the hospital emergency room.

HISD Athletes who have sustained a concussion will be required to follow up with their 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.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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 staff (including coaches, team consulting physician of the HISD. 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 o the nature, diagnosis, prognosis or treatment concerning my medical condition and any injuries or illnesses. I understand one the information is disclosed it is subject to re-disclosure and is no longer protected.

I understand that the Hamilton 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 unter his authorization.

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

Printed Name of Student: _____

Student Signature: _____

Printed Name of Parent: _____

Parent Signature: _____

HISD Concussion Reporting Form

	Date of Concussion	Sport	Gender	Grade Level	Event	Date of Physician Release	Date Passed Progressive Return Protocol
1							
2							
3							
4							
5							
6							
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8							
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17							
18							
19							



Concussion Education for Teachers, School Administrators and Faculty

Concussions are more common in high school athletics than previously thought. Recent studies by the Centers for Disease Control indicate that there are as many as 1.6 to 3.8 million concussions each year in the United States alone. Given there are currently more than seven million participants in high school sports in the US, teachers, school administrators and nurses should be aware of the possible complications of this injury for the student-athlete.

Concussions are not only reserved for the student-athlete. Physical Education students as well as the general student population may also experience concussion while participating in physical education class, riding a bicycle, etc. Educated on concussion, its assessment, effects and treatment. This will assist the student in recovery as well as not cause them to suffer academically for an injury that occurred to them.

What should teachers know about concussion?

One aspect of the management of sports-related concussions often overlooked is that we expect our students to perform at their highest level in the classroom following injury. This is true despite the fact that concussion often results in impaired attention, difficulties with concentrating for prolonged periods of time and memory problems. If a student sprains his or her ankle and it is swollen, would the student be expected to participate in physical education? Most likely not. The same should be true for a concussion. If prolonged classroom exposure causes a student's condition to worsen (i.e., increased headache, increased fatigue, decreased ability to concentrate, sensitivity to noise or light), then it would be reasonable to expect that their academic environment and expectations be modified until their condition is resolved.

- Realize and acknowledge that the student is not “faking” an injury. While they may look “normal” their brain may not be working properly.
- Understand that the student initially may not be able to attend school.
- Understand that the student may initially not be able to tolerate more than half days of school

The following modifications can be made to help a concussed student recover more rapidly while maintaining their academic integrity.

- *Temporarily assign shorter assignments and lighter workloads.*
- *Temporarily assign a classmate to take notes/assignments for them.*

- *Increase the repetition of verbal instructions.*
- *Provide assignments and instructions in writing to avoid confusion.*
- *Provide smaller pieces of information to aid in retention and recall of facts and ideas.*
- *Increase time allotments for homework assignments.*
- *Slow down verbal instructions.*
- *Move the student to an area of the classroom that is less prone to bright lights or increased noise. (ie. away from windows or hallway doors)*
- *Postpone important tests if possible as to not allow their injury to affect their grades.*
- *Allow periodic rest breaks. You can send them to the nurse if they need a quiet area to rest.*
- *Allow the student to wear dark glasses, use computer monitor glare filters and/or earplugs (especially in music classes) to decrease visual and auditory stimulation.*

******IF YOU NOTICE ANY UNUSUAL BEHAVIOR - SEND THE STUDENT TO THE NURSE.******

(Unusual behavior may include poor attention, concentration frustration, reduced short term memory recall or delayed processing, disproportionate reactions to situations, sensitivity to light, etc.)