

# **Timberline Lacrosse**

## **Concussion Management Plan**



**August 2019**

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### **ATTENTION**

**This concussion management plan is provided for the free and personal use of the public to help school districts or various youth sport organizations comply with Idaho Code Section 33-1625. However, this document does not provide legal advice and is not a substitute for legal advice. Individuals or organizations with compliance concerns are encouraged to consult legal counsel.**

# (1) Parent/Athlete Meeting

- (a) Prior to the start of each athletic season, a meeting shall be organized by the club director or other appropriate designated official to discuss the topic of concussion in youth sports.
- (b) Each athlete planning on participating in the sport shall attend the meeting with the parent or legal guardian of the athlete.
  - (i) Parents, athletes and coaches should review the following material and have the opportunity to ask questions:
    - a. The definition of concussion
    - b. Signs and symptoms of the injury
    - c. Tips for prevention of the injury
    - d. Risks associated with continued play with a concussion
    - e. What to do if you suspect someone has sustained a concussion for emergency and non-emergency situations
    - f. The Centers for Disease Control and Prevention (CDC) 4 step action plan:
      - 1. Remove suspected injured athletes from play.
      - 2. Ensure the athlete is evaluated right away by an appropriate health care professional.
      - 3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
      - 4. Allow the athlete to return to sport only with permission from a health care professional with experience in evaluating concussion.
    - g. Any additional concussion resources provided to parents, athletes and coaches
- (c) **Required Parent/Guardian Written Consent Form**
  - (i) Prior to beginning practice the athlete and the athlete's parent or guardian must receive and sign a "Parent/Guardian Written Consent Form" regarding concussion in youth sports. This form is an acknowledgement by the parent and athlete that they have received the education detailed under subsection (3) of section 33-1625, Idaho Code, that they understand the material and have had an opportunity to ask questions.
    - a. Parent/Guardian Written Consent forms should be kept on file for no less than seven (7) years by the Timberline Lacrosse Club.

## **(2) (Optional) Baseline Testing**

- (a) Athletes ages 12+ participating in football, volleyball, wrestling, basketball, soccer, lacrosse, baseball, softball, rugby, pole vaulting, and cheer are encouraged to receive a baseline neurocognitive test every other year. It is recommended athletes also establish baselines using tests such as the Balance Error Scoring System (BESS), the Standardized Assessment of Concussions (SAC), or other standardized assessment tests at least once in their junior high and high school careers.
  - (i) Baseline tests can be utilized by a qualified health care professional trained in the evaluation and management of concussion and who has received training in interpreting the test results to aid in the evaluation and treatment of all injured athletes exhibiting cognitive deficits.

## **(3) Biennial Concussion Training**

### *Athletic Trainers, Coaches and Staff*

- (a) Coaches & Staff:
  - (i) All coaches and staff must receive online concussion training upon hire and biennially thereafter.
    - a. Completion of the Idaho Concussion Training Course provided by the Idaho High School Activities Association and the St. Luke's Sports Medicine Concussion Clinic shall satisfy this requirement.
  - (ii) The course can be found at the following link:  
<https://www.stlukesonline.org/apps/concussion-education>
  - (iii) Evidence of training must be kept on file by Timberline Lacrosse Club.
- (b) Athletic trainers:
  - (i) All athletic trainers employed by the organization must receive online concussion training upon hire and biennially thereafter.
    - b. Athletic trainers must complete the St. Luke's Concussion Training Course that can be found at the link below:  
<https://www.stlukesonline.org/concussioneducation>
  - (ii) Evidence of training must be kept on file by the Timberline Lacrosse Club.

# (4) Removal from Play Strategy

## *Coaches & non-medical staff*

### STEP 1: REMOVE FROM PLAY

If at any time it is suspected an athlete has sustained a concussion during practice or game play, the youth athlete shall be immediately removed from play and not be allowed to return to sport the same day. Once removed an athlete shall not be allowed to return to sport until authorized to return by a qualified health care professional.

**Please Note:** Most athletes who experience concussion will exhibit any one or more of a variety of symptoms. A loss of consciousness is **NOT** always present. Headache is the most common symptom, but not all athletes experience concussion in the same way. Symptoms of a concussion may not be evident until several minutes, hours or days later. The severity of the symptoms will also vary along with their duration. The following are a list of possible common symptoms by general category:

#### Signs and Symptoms

##### PHYSICAL

- Headache
- Nausea
- Dizziness
- "Don't feel right"
- Pressure in head
- Vomiting
- Visual problems or blurred vision
- Sensitivity to light
- Neck pain
- Balance problems
- Fatigue
- Sensitivity to noise

##### COGNITIVE

- Confusion
- Feeling "slowed down"
- Feeling "In a fog"
- Difficulty concentrating
- Difficulty remembering

##### EMOTIONAL

- Irritability
- Sadness
- More emotional
- Nervousness or anxious

##### SLEEP

- Drowsiness
- Sleeping more than usual
- Sleeping less than usual
- Trouble falling asleep

### STEP 2: MONITOR

Continue monitoring the athlete for other signs and symptoms, as well as for symptom severity. If the athlete is experiencing any of the below signs, the parents or guardians of the athlete may want to transport the athlete to the nearest emergency room. In the

absence of a parent or guardian, or when in doubt about what action to take, **call 911 immediately.**

1. Headache that gets worse or does not go away
2. Weakness, numbness or decreased coordination
3. Slurred speech
4. Looks very drowsy or cannot be awakened
5. Cannot recognize people or places
6. Is getting more and more confused, restless, or agitated

### **STEP 3: IS THERE AN EMERGENCY?**

If the condition of the athlete continues to deteriorate or if an athlete exhibits **ANY** of the below signs, **call 911 immediately and launch your organization's emergency action plan:**

1. Repeated vomiting or nausea.
2. Has one pupil (the black part in the middle of the eye) larger than the other.
3. Experiences convulsions or seizures.
4. Prolonged loss of consciousness (*a brief loss of consciousness should be taken seriously and the person should be carefully monitored*).

### **STEP 4: ENSURE ATHLETE RECEIVES A MEDICAL EVALUATION**

If not an emergency, ensure the injured athlete is evaluated by a proper medical professional. **DO NOT** try to judge the seriousness of the injury yourself. Coaches should seek assistance from the site athletic trainer or other appropriate medical personnel if available at a competition, and should always seek the assistance from an appropriate medical provider when an injury occurs at practice. If a medical provider is not available on site, ensure that the parents or guardians of the athlete follow-up with an appropriate medical provider.

### **STEP 5: COMMUNICATE**

Contact the athlete's parents or guardians as soon as possible to inform them of the potential injury and provide them a factsheet on concussion available online by the Centers for Disease Control and Prevention. Communicate the injury to your organization's director or other appropriate personnel in a timely fashion.

## (5) Removal from Play Strategy

### *Athletic trainers or other appropriate medical providers*

#### **ATTENTION**

Only individuals deemed a “qualified health care professional” under subsection (6) of section 33-1625, Idaho Code, may provide medical clearance for an athlete to return to play following a possible concussion. A qualified healthcare professional must meet two (2) criteria. The medical professional must be trained in the evaluation and management of concussions, AND must be one of the following:

- (a) A physician or physician assistant licensed under chapter 18, title 54, Idaho Code;
- (b) An advanced practice nurse licensed under section 54-1409, Idaho Code (a school nurse may not necessarily be an advanced practice nurse); or
- (c) A licensed healthcare professional trained in the evaluation and management of concussions who is supervised by a directing physician who is licensed under chapter 18, title 54, Idaho Code (such as an Idaho Certified Athletic Trainer)

*The following strategy (Section 5) is only intended for use by individuals deemed a qualified healthcare professional. If an individual is not a qualified healthcare professional, please use the removal from play strategy in section (4).*

#### **STEP 1: REMOVE FROM PLAY**

If at any time it is suspected an athlete has sustained a concussion, the youth athlete shall be immediately removed from play. No same day return to sport.

#### **STEP 2: MONITOR**

Continue monitoring the athlete for other signs and symptoms, as well as for symptom severity. If the athlete is experiencing any of the below signs, the parents or guardians of

the athlete may want to transport the athlete to the nearest emergency room. In the absence of a parent or guardian, or when in doubt about what action to take, **call 911 immediately.**

1. Headache that gets worse or does not go away
2. Weakness, numbness or decreased coordination
3. Slurred speech
4. Looks very drowsy or cannot be awakened
5. Cannot recognize people or places
6. Is getting more and more confused, restless, or agitated

### **STEP 3: IS THERE AN EMERGENCY?**

If the condition of the athlete continues to deteriorate, or if an athlete exhibits **ANY** of the below signs, **call 911 immediately and launch your club's emergency action plan:**

1. Repeated vomiting or nausea.
2. Has one pupil (the black part in the middle of the eye) larger than the other.
3. Experiences convulsions or seizures.
4. Prolonged loss of consciousness (*a brief loss of consciousness should be taken seriously and the person should be carefully monitored*).

### **STEP 4: SIDELINE EVALUATION**

If it is determined the situation is not an emergency, the medical provider may choose to use simple sideline cognitive tests to determine whether or not the athlete has any cognitive deficits.

- a. A medical provider may choose to forego sideline cognitive testing if, in their best judgment, they feel the athlete is concussed. In this instance proceed to step 5.
- b. Sideline tests include the latest version of the Sports Concussion Assessment Tool (SCAT), the Standardized Assessment of Concussion (SAC) or other standardized tools for sideline cognitive testing used with appropriate training.
  - i. If the athlete has no cognitive or other identifiable deficits, it is reasonable for the individual to conclude a concussion did not occur and that it is safe for the athlete to return to sport after 24 hours. In this instance the individual may forego the remainder of this strategy, as well as section (6) and section (7) of this management plan.
  - ii. If the athlete is experiencing cognitive or other identifiable deficits, proceed to step 5.



## Signs and Symptoms

### PHYSICAL

- Headache
- Nausea
- Dizziness
- "Don't feel right"
- Pressure in head
- Vomiting
- Visual problems or blurred vision
- Sensitivity to light
- Neck pain
- Balance problems
- Fatigue
- Sensitivity to noise

### COGNITIVE

- Confusion
- Feeling "slowed down"
- Feeling "In a fog"
- Difficulty concentrating
- Difficulty remembering

### EMOTIONAL

- Irritability
- Sadness
- More emotional
- Nervousness or anxious

### SLEEP

- Drowsiness
- Sleeping more than usual
- Sleeping less than usual
- Trouble falling asleep

## STEP 5: COMMUNICATE WITH PARENT/GUARDIAN

Contact the athlete's parents or guardians as soon as possible to inform them of the injury and give them the fact sheet on concussion provided online by the Centers for Disease Control and Prevention. Discuss the content of the factsheet and answer any questions or concerns the parent or guardian may have. Provide written and verbal home and follow-up care instructions.

- a. In the event an athlete's parents or guardians cannot be reached and the athlete is able to be sent home, the athletic trainer, coach, or other appropriate personnel should ensure the athlete will be with a responsible adult capable of monitoring the athlete and who understands the home care instructions before allowing the athlete to go home. Additional steps to take are:
  - i. Continue efforts to reach the parents or guardians.
  - ii. If there is any question about the status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete should be referred to the emergency department for evaluation. A coach, athletic trainer, or other appropriate personnel should accompany the athlete and remain with the athlete until the parents or guardians arrive.
  - iii. Athletes with suspected concussions should not be permitted to drive home.

## (6) Return-to-Learn Strategy

- (a) Under subsection (7) of section 33-1625, Idaho Code it reads “Students who have sustained a concussion and return to school may need informal or formal accommodations, modifications of curriculum, and monitoring by a medical or academic staff until the student is fully recovered. A student athlete should be able to resume all normally scheduled academic activities without restrictions or the need for accommodation prior to receiving authorization to return to play by a qualified health care professional as defined in subsection (6) of this section.
- (b) The athletic trainer, school nurse, school counselor or other appropriate designated school administrator shall communicate and collaborate with the athlete, parents or guardians of the athlete, coaches, teachers and any necessary and pertinent outside medical professionals of the athlete, to create a plan that will support the athlete’s academic and personal needs while symptomatic.
- (i) Supporting a student recovering from a concussion requires a collaborative approach among school professionals, health care providers, parents or guardians of the athlete, as well as the athlete themselves, as s/he may need accommodations during recovery. Keep in mind that the accommodations that worked for one athlete may not work for another.
  - (ii) If symptoms persist, accommodations for the student such as a 504 plan may be pertinent. A 504 plan is implemented when students have a disability (temporary or permanent) that affects their performance in any manner. Services and accommodations for students may include environmental adaptations, curriculum modifications, and behavioral strategies. The decision to implement a 504 plan should be arrived at through collaboration of all parties involved.
  - (iii) Students may need to limit activities while they are recovering from a concussion. Exercising 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. Students who return to school after a concussion may need to:
    - a. Take rest breaks as needed
    - b. Spend fewer hours at school
    - c. Be given more time to take tests or complete assignments
    - d. Receive help with schoolwork

e. Reduce time spent on the computer, reading, or writing

(iv) It is normal for students to feel frustrated, sad, and even angry because they cannot return to recreation or sports right away, or cannot keep up with their schoolwork. A student may also feel isolated from peers and social networks. Talk with the student about these issues and offer support and encouragement. As the student’s symptoms decrease, the extra help or support can be removed gradually as decided on by the team involved.

(c) As the athlete returns to academic and athletic activities the athletic trainer, school nurse, school counselor or other appropriate school personnel shall follow-up with the athlete periodically to ensure symptoms are decreasing, have been eliminated and have not returned, or to address any additional concerns of the athlete and the athlete’s parents or guardians, and to adjust the academic and return to school strategy for the athlete if needed until the athlete has been fully reintegrated into normal academic activities.

(d) The following 4 step progression is available as a general guideline for the athlete, the parents or guardians of the athlete, medical providers, and school professionals to reference for return to school purposes.

Graduated Return-to-Learn Strategy			
	Mental Activity	Activity at Each Step	Goal of Each Step
<b>An initial period of 24-48 hours of both relative physical and cognitive rest is recommended before beginning the Return-to-Learn and Return-to-Sport Strategies.</b>			
1	Daily activities that do not increase the athlete’s symptoms	Typical activities that the athlete does during the day as long as they do not increase symptoms (e.g. reading, texting, screen time). Start with 5-15 minutes at a time and gradually build up.	Gradual return to typical activities
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities
4	Return to School full-time	Gradually progress school activities until a full day can be tolerated.	Return to full academic activities and catch up on missed work.

Source: SCAT 5  
 Davis, GA, et al. *Br J Sports Med* 2017; 0:1-8. Doi 10.1136/bjsports-2017-097506SCAT5

# (7) Return to Sport Strategy

## *Athletic trainers or other appropriate medical providers*

### ATTENTION

Only individuals deemed a “qualified health care professional” under subsection (6) of section 33-1625, Idaho Code, may provide medical clearance for an athlete to return to play following a possible concussion. A qualified healthcare professional must meet two (2) criteria. The medical professional must be trained in the evaluation and management of concussions, AND must be one of the following:

- (a) A physician or physician assistant licensed under chapter 18, title 54, Idaho Code;
- (b) An advanced practice nurse licensed under section 54-1409, Idaho Code (a school nurse may not necessarily be an advanced practice nurse); or
- (c) A licensed healthcare professional trained in the evaluation and management of concussions who is supervised by a directing physician who is licensed under chapter 18, title 54, Idaho Code (such as an Idaho Certified Athletic Trainer).

*The following return to play process (Section 7) is only intended for use by individuals deemed a qualified healthcare professional. If an individual is not a qualified healthcare professional, the athlete must be referred to a medical professional who is deemed qualified to provide medical clearance for concussion injuries under Idaho law.*

- (a) An injured athlete should only be allowed to start the following return to sport strategy once the athlete is successfully tolerating their normal cognitive workload at school.
- (b) An athlete cleared to play by a qualified medical professional only provides clearance for the athlete to begin the stepwise return to sport strategy as set forth in section (d) below, unless the athlete has been directed through the stepwise return to sport progression by the outside medical provider(s) prior to being cleared. Administrators, coaches and parents must act reasonably and to the best of their ability to ensure an athlete is cleared

by a proper medical provider experienced in the evaluation and management of concussion pursuant to subsection (6) of section 33-1625, Idaho Code.

- (i) Clearance by a medical provider must be in written form and kept on file with the Timberline Lacrosse Club for no less than seven (7) years.
- (c) If at any time, the athletic trainer or other qualified medical personnel feel the injury is beyond their expertise, scope of practice or comfort level, then the athlete shall be referred to a qualified health care professional trained in the evaluation and management of concussion for treatment and management of the injury.
- (i) It is the responsibility of the athletic trainer or other on-site medical personnel to ensure that proper and sufficient communication takes place with any/all outside medical professionals to ensure medical providers have all pertinent medical information, are accurately informed of the details and severity of the injury, and that the medical provider receiving the referral is qualified to evaluate and manage concussions.
- (d) The return of an athlete to play shall be done in a stepwise fashion in accordance with the recommended return to sport strategies of the CDC and the NFHS. Proper instruction and supervision of an outside medical provider should be used if necessary. A parent or legal guardian should supervise each step of the return to sport process and should communicate regularly with coaches of the athlete to inform them of the athlete's progress.
- (i) The return to return to sport strategy includes the following stepwise progression **allowing the athlete 24 hours between each step as long as the athlete remains symptom free.** If any symptoms return, the athlete should return to the previous step and resume the progression again following 24 hours without symptoms.

**The athlete should not Return to Sport unless they have resumed all normally scheduled academic activities without restrictions or the need for accommodations prior to receiving authorization to Return to Sport by a qualified healthcare professional as defined in subsection (6) of section 33-1625, Idaho code.**

## Graduated Return-to-Sport Strategy

Stage #	Aim	Activity	Goal of each step
Initial period of 24-48 hours of both relative physical & cognitive rest is recommended before beginning the Return to Sport Progression			
1	Symptom-limited activity	Daily activities that do not worsen symptoms	Gradual reintroduction of work/school activities
If symptoms worsen with this level of exertion, then return to previous stage. If the student remains symptom free for 24 hours after this level of exertion then proceed to the next stage.			
2	Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training	Increase heart rate
If symptoms re-emerge with this level of exertion, then return to previous stage. If the student remains symptom free for 24 hours after this level of exertion then proceed to the next stage.			
3	Sport-specific exercise	Running or skating drills. No head impact activities	Add movement
If symptoms re-emerge with this level of exertion, then return to previous stage. If the student remains symptom free for 24 hours after this level of exertion then proceed to the next stage.			
4	Non-contact training drills	Harder training drills, e.g., passing drills. May start progressive resistance training	Exercise, coordination and increased thinking
If symptoms re-emerge with this level of exertion, then return to previous stage. If the student remains symptom free for 24 hours after this level of exertion then proceed to the next stage.			
5	Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
<b>If symptoms re-emerge with this level of exertion, then return to previous stage. If the student remains symptom free for 24 hours after this level of exertion then proceed to the next stage <i>with physician clearance.</i></b>			
6	Return to Sport	Normal game play	Fully back to sport