



Poteet ISD Athletic Department

Poteet Independent School District
1100 School Drive, Poteet, Texas 78065
Phone: 830-742-3567 Fax: 830-742-3332



PISD ATHLETIC DEPARTMENT GUIDELINES FOR CONCUSSION MANAGEMENT

Board Approved 9-17-2018

The contents of this document will provide information concerning all University Interscholastic League requirements, as well as, compliance with Chapter 38. Sub Chapter D of the Texas Education Code, for concussion management in student-athletes participating in activities under the jurisdiction of the UIL.

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Definition of concussion

There are numerous definitions of concussion available in medical literature as well as the in the previously noted “guidelines” developed by the various state organization. The universally expressed definition is that concussion 1) is the result of a physical, traumatic force to the head and 2) that force is sufficient to produce altered brain function which may last for a variable duration of time.

Chapter 38, Sub Chapter D of the Texas Education Code considers the following, as appropriate to define a concussion:

“Concussion” means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may:

- (A) Include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and*
- (B) Involve loss of consciousness.*

Concussion Oversight Team (COT)

The purpose of the concussion oversight team is to establish a return-to-play protocol, based on peer-reviewed scientific evidence, for a student’s return to interscholastic athletics practice or competition following the force or impact **believed** to have caused a concussion. The adopted protocol, at a minimum, shall adhere to the UIL Concussion Management Protocol, based on guidelines from the National Federation of State High School Associations, which have been mandated by the UIL Legislative Council and the UIL Medical Advisory Committee.

The Concussion Oversight Team for PISD consists of the following:

- 1) Dr. Daniel L. Santa Maria
- 2) Ruth Martinez, RN
- 3) Stanley Mikolajczyk, ATC, LAT

Responsible Individuals

At every activity under the jurisdiction of the UIL in which the activity involved carries a potential risk for concussion in the participants, there should be a designated individual who is responsible for identifying student-athletes with symptoms of concussion injuries.

This will include one of the following:

- 1) The Certified Athletic Trainer, employed by PISD, with appropriate training in the recognition and management of concussion in athletes.
- 2) In the event a designated PISD Athletic Trainer is not available, a PISD Coach, supervising the student-athlete, with appropriate training in the recognition of the signs and symptoms of a concussion in athletes.
- 3) When the Certified Athletic Trainer is available, the Certified Athletic Trainer will be the appropriate designated person.

All PISD Coaches and PISD Athletic trainer are provided the required training through the UIL and NFHS.

Response to Suspected Concussion

A student shall be removed from an interscholastic athletics practice or competition immediately if one of the following persons **believes** the student might have sustained a concussion during the practice or competition:

- 1) A coach
- 2) A physician
- 3) A licensed health care profession (i.e. Certified Athletic Trainer)
- 4) The student's parent or guardian or another person with legal authority to make medical decisions for the student

-as stated in TEC section 38.156

Concussion can produce a wide variety of symptoms. Symptoms reported by athletes may include: headache; nausea; balance problems or dizziness; double or fuzzy vision; sensitivity to light or noise; feeling sluggish; feeling foggy or groggy; concentration or memory problems; confusion. Signs observed by parents, friends, teachers or coaches may include: appears dazed or stunned; is confused about what to do; forgets plays; is unsure of game, score or opponent; moves clumsily; answers questions slowly; loses consciousness; shows behavior or personality changes; can't recall events prior to hit; can't recall events after hit.

If a student athlete demonstrates signs or symptoms consistent with concussion, the following plan will be implemented:

- 1) The student athlete shall be immediately removed from the game or practice (to include any weight training or conditioning sessions).
- 2) The student athlete will be evaluated by the PISD Athletic Trainer. (Arrangements will be made for the evaluation by the PISD Coach)
- 3) The parent or guardian of the student athlete will be notified and provided information about the possible concussion.
- 4) PISD Athletic Trainer will arrange an appointment for the student athlete to be evaluated by a Physician.
- 5) If it is determined that a concussion has occurred, the student athlete shall not be allowed to return to participation that day regardless of how quick the signs or symptoms of the concussion resolve and shall be kept from activity until the following requirements have been met:
 - a. The treating physician has provided the parent/guardian of the student athlete and the athletic trainer, a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play
 - b. All steps of the Return to Activity/Play Progression Protocol have been met
 - i. Student athlete shall be symptom free for 24 hours prior to initiating the return to play progression.
 - ii. Progression continues at 24-hour intervals as long as student athlete is symptom free at each level.
 - iii. If the student athlete experiences any post concussion symptoms during the return to activity progression, activity is discontinued and the student athlete must be re-evaluated by a licensed health care professional.
 - c. A coach of an interscholastic athletics team may not authorize a student's return to play.

Return to Activity/Play Progression

Supervised progression of activities, based on standardized protocol, following compliance with the above information. Progression will be initiated by the PISD Athletic Trainer. All steps of the Progression will be documented. (See attached forms)

- Student athlete shall be symptom free for 24 hours prior to initiating the return to play progression.
- Progress continues at 24-hour intervals as long as student-athlete is symptom free at each level.
- If the student athlete experiences any post-concussion symptoms during the return to activity progression, activity is discontinued and the student athlete must be re-evaluated by a licensed health care professional.
 - Phase 1: No exertion of physical activity until student athlete is symptom free for 24 hours and receives written clearance from a physician and submission of the required documentation following the concussion injury to the PISD Athletic Trainer or designated person. (see attached forms)
 - Phase 2:
 - Step 1: When the athlete completes Phase 1, begin supervised light aerobic exercise (5-10 minutes on an exercise bike, or light jog); no weight lifting, resistance training, or any other exercise.
 - Step 2: Supervised moderate aerobic exercise (15-20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.
 - Step 3: Non-contact training drills in full uniform. May begin supervised weight lifting, resistance training, and other exercises.
 - Step 4: Full contact practice or training.
 - Step 5: Full game play.

Full Return to Activity/Play

All aspects of the above Protocols and Progressions, as well as all required documentation must be on file in the Athletic Department (submitted to Stanley Mikolajczyk) prior to full return to play. Copies of all documentation will be available to the parent/guardian.

Subsequent Concussion

Any subsequent concussion requires further medical evaluation, which may include a physical examination prior to return to participation. Written clearance from a physician is required as outlined in TEC Section 38.157 before any participation in UIL practices, games or matches.

Potential Need for School/Academic Adjustments & Modification Following Concussion (Return to Learn)

It may be necessary for individuals with concussion to have both cognitive and physical rest in order to achieve maximum recovery in shortest period of time. In addition to the physical management noted above, it is recommended that the following be considered:

- Notify school nurse and all classroom teachers regarding the student athlete's condition. *The PISD Athletic Trainer will be in contact with the school nurse and Administration in the event the student athlete has an emergency during the instructional day. This allows for the appropriate healthcare contact to be initiated and avoids any complications in the required course of action.*
- Advise teachers of post-concussion symptoms and provide communication with the PISD Athletic Trainer.

- Student **MAY** need (only until asymptomatic) special accommodations regarding academic requirements (such as limited computer work, reading activities, testing, assistance to class, etc.) until concussion symptoms resolve.
- Student may only be able to attend school for half days or may need daily rest periods until symptoms subside. In special circumstances the student may require homebound status for a brief period.

Addendum:

When evaluating an individual who has sustained concussion, always keep in mind that three separate domains of brain function are being evaluated: Physical/Motor, Cognitive, and Behavioral/Emotional. These represent functions of widely different anatomical regions in the brain (although there are cross over/dual function in some areas). Evaluation should focus on each domain separately; never assume that if one domain is symptom free the others will also be without symptoms. Separate evaluation protocols/instruments are employed to assess each domain. Documentation of the method of assessment is always helpful to have for subsequent examiners.

EVALUATION DOMAINS

Physical/Motor	Cognitive	Behavior/Emotional
Dazed/stunned	Amnesia	Irritable
Balance difficulties	Confused/Disoriented	Emotionally Unstable/Explosive
Weakness	Slowed Verbal Responses	Depressed
Excessive Fatigue	Forgets easily	Sleep disturbances
Slowed Reactions	Difficulty Concentrating	Anxious
Lack of facial expressions	Short Attention Span	Lack of Interest

References:

1. National Federation of State High School Associations, Suggested Guidelines for the Management of Concussion in Sports; January 2011
2. University Interscholastic League Implementation Guide for NFHS Suggested Guidelines for Concussions and Chapter 38, Sub Chapter D of the Texas Education Code; July 2011

PISD
CONCUSSION
DOCUMENTATION

Poteet ISD Athletics
ATHLETE INJURY REPORT

ATHLETE NAME: _____

Date of injury/report: _____

Sport: _____ Coach: _____

Location: _____

Game/Practice: _____

Injury: _____

MOI:

History:

Observation/Palpation/Stress:

Plan:

Parent contact:

PARENT INFORMATION

During a recent practice/game, your son/daughter sustained an injury. Please feel free to contact me if you have further questions.

Our initial evaluation suggests the following:

To facilitate treatment, please make certain your son or daughter follows the initial care indicated below:

- () ICE Apply for 20 minutes on, 30-40 minutes off as often as possible – DO NOT APPLY HEAT
- () ELEVATE Keep injured area raised above level of heart whenever possible
- () CRUTCHES Crutches have been properly fitted and the athlete has been shown how to use them.
- () SLING Wear until instructed otherwise by physician
- () RETURN Morning treatments at the training room before school or designated time.
- () REFERRAL Referral to a physician - communication made with parent/guardian

**Based on the initial evaluation, it does not appear necessary to see a physician at this time. If you have any questions, please contact us.

Athletic Trainer: _____

Signature _____

Date: _____

Contact number: _____

Notes:

PARENT INFORMATION – CONCUSSION SHEET

WHAT IS A CONCUSSION? A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

SIGNS & SYMPTOMS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Cannot recall events prior to hit or fall
- Cannot recall events after hit or fall

SYMPTOMS REPORTED BY ATHLETE:

- * Headache or “pressure” in head
 - * Nausea or vomiting
- * Balance problems or dizziness
 - * Double or blurry vision
- * Sensitivity to light
- * Sensitivity to noise
- * Feeling sluggish, hazy, foggy, or groggy
 - * Concentration or memory problems
 - * Confusion
- * Does not “feel right”

Your son/daughter has demonstrated and/or reported the signs or symptoms consistent with concussion. The following plan has been implemented, as per UIL requirements, as well as, compliance with Chapter 38. Sub chapter D of the Texas Education code, for concussion management in student-athletes participating in activities under the jurisdiction of the UIL.

1. The student athlete shall be immediately removed from the game or practice (to include any weight training or conditioning sessions).
2. The parent or guardian of the student athlete will be notified and provided information about the possible concussion.
3. Arrangements will be made for the student athlete to be evaluated by a Physician.
4. If it is determined that a concussion has occurred, the student athlete shall not be allowed to return to participation that day regardless of quick the signs or symptoms of the concussion resolve and shall be kept from activity until the following requirements have been met:
 - a. The treating physician has provided the parent/guardian of the student athlete and the athletic trainer, a written statement indicating that, in the physician’s professional judgment, it is safe for the student to return to play.
 - b. All steps of the Return to Activity/Play Progression Protocol have been met
 - i. Student athlete shall be symptom free for 24 hours prior to initiating the return to play progression.

- ii. Progression continues at 24-hour intervals as long as student athlete is symptom free at each level.
- iii. If the student athlete experiences any post-concussion symptoms during the return to activity progression, activity is discontinued and the student athlete must be re-evaluated by a licensed health care professional.

c. A coach of an interscholastic athletics team may not authorize a student’s return to play.

RETURN TO PLAY PROGRESSION PROTOCOL

Supervised progression of activities, based on standardized protocol, following compliance with the above information. Progression will be initiated by the PISD Athletic Trainer. All steps of the Progression will be documented.

- Student athlete shall be symptom free for 24 hours prior to initiating the return to play progression.
- Progress continues at 24-hour intervals as long as student-athlete is symptom free at each level.
- If the student athlete experiences any post-concussion symptoms during the return to activity progression, activity is discontinued and the student athlete must be re-evaluated by a licensed health care professional.

o Phase 1: No exertion of physical activity until student athlete is symptom free for 24 hours and receives written clearance from a physician and submission of the required documentation following the concussion injury to the PISD Athletic Trainer or designated person. (see attached forms)

- o Phase 2:
- Step 1: When the athlete completes Phase 1, begin supervised light aerobic exercise (5-10 minutes on an exercise bike, or light jog); no weight lifting, resistance training, or any other exercise.
 - Step 2: Supervised moderate aerobic exercise (15-20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.
 - Step 3: Non-contact training drills in full uniform. May begin supervised weight lifting, resistance training, and other exercises.
 - Step 4: Full contact practice or training.
 - Step 5: Full game play.

Notes:

Page 3 - Parent information sheet

Texas Education Code, Section 38.159. IMMUNITY. This subchapter does not:

- (1) waive any immunity from liability of a school district or open-enrollment charter school or of district or charter school officers or employees;
- (2) create any liability for a cause of action against a school district or open-enrollment charter school or against district or charter school officers or employees;
- (3) waive any immunity from liability under Section 74.151, Civil Practice and Remedies Code; or
- (4) create any cause of action or liability for a member of a concussion oversight team arising from the injury or death of a student participating in an interscholastic athletics practice or competition, based on service or participation on the concussion oversight team.



Poteet ISD Athletic Department



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CONSENT FORM

What can happen if my child keeps on playing with a concussion?

Athletes with the signs and symptoms of 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. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

Consent

By signing this form, I understand the risks and dangers related with returning to play too soon after a concussion. Furthermore, in the event that my son/daughter is diagnosed with a concussion, I give my consent for my son/daughter to participate in and comply with the Poteet ISD return to play protocol. The undersigned (parent or guardian) grants this permission.

Athlete's Name (print) _____

Parent's or Guardian's Name (print) _____

Parent's or Guardian's Signature _____

Date: _____



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PHYSICIAN RETURN TO PLAY CLEARANCE FORM – HEAD INJURIES

This form must be completed by the treating physician 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 Poteet ISD.

Student-athlete's Name (Print): _____ Date _____

I am a physician qualified in the management of head injuries/concussions and I have evaluated the above mentioned student-athlete, he/she;

- did not sustained a concussion and may return to play sports**
- sustained a concussion and is medically cleared to safely return to play and proceed with the concussion Return to Play Progression Protocol as listed below**
- is not medically cleared to do any athletic activity and needs to follow up**

Physician's Printed Name _____ Phone Number _____

Physician's Signature or Stamp _____ Date _____

RETURN TO PLAY PROGRESSION PROTOCOL

High School athletes believed to have sustained a concussion are required to follow the Poteet ISD Concussion Protocol. Protocol progression begins at 24-hour intervals as long as student-athlete is symptom-free at each level. If the student-athlete experiences any post-concussion symptoms during return to activity progression, activity is discontinued and the student-athlete must be re-evaluated by their physician.

As per UIL guidelines/ HB 2038, protocol must be followed in all cases.

<http://www.uiltexas.org/health/info/concussions>

After the return to play form has been completed by the parent or guardian and the physician clearance is received, supervised progression of activities will be as followed:

- o Phase 1: No exertional physical activity until student athlete is symptom free for 24 hours and receives written clearance from a physician and submission of the required documentation following the concussion injury to the PISD Athletic Trainer or designated person.
- o Phase 2:
 - Step 1: When the athlete completes Phase 1, begin supervised light aerobic exercise (5-10 minutes on an exercise bike, or light jog); no weight lifting, resistance training, or any other exercise.
 - Step 2: Supervised moderate aerobic exercise (15-20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.
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Written Acknowledgement Form

The athlete named below has completed the required return to play protocol for a concussion. By signing this form, I understand the dangers related with returning to play too soon after a concussion. Furthermore, I certify that my son/daughter has successfully completed the Poteet ISD return to play protocol and I give my permission for him/her to return to sport activity. The undersigned (parent or guardian only) grants this permission.

Athlete's Name _____

Athlete's Signature _____

Parent or Guardian's Name _____

Parent or Guardian's Signature _____

Date _____



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)

PISD MIDDLE SCHOOL CONCUSSION DOCUMENTATION.

Concussion Management Plan: Return to Play-Middle School

Return to play procedure:

- If head trauma has been suspected by a coach, physician, licensed healthcare professional, or guardian, athlete is to be removed from play immediately with no return to play until seen by a doctor.
- Guardian and athlete should be instructed to see athletic trainer as soon as possible in order to set up doctor's appointment and/or review any documentation from a doctor, if the athlete has been evaluated. Information will be provided to the parent/guardian, in order to educate him or her on policy and procedures.
- Coach must make contact with the Athletic Trainer via email or cell notifying me of the injury and complete the attached injury report form.
- Athlete must be cleared by doctor to return to any physical activities.
 - Athlete may be cleared by a doctor to return to sports; however, the athlete still has to follow the UIL & PISD Return to Play procedure before being allowed full contact.

Use this outline to complete the Return to Play (RTP) procedure. If at any point during exercises the athlete complains of post concussive symptoms, athlete must stop all activities until symptoms subside for 24 hours and RTP procedure will begin where athlete left off. Immediately contact the Athletic Trainer.

Athlete: _____

Coach: _____

ID# _____

Sport: _____

Date of Injury: _____

Coach needs to complete attached injury report form.

Date/s seen by doctor: _____

Was athlete cleared by doctor? Y or N

Date Cleared: _____

If yes, upload doctor's note to Rank One and begin RTP procedure at phase 1 (attach copy of dr note to this document)

If no, athlete is held out of all activity until cleared by doctor.

Date & time athlete seen at HS Training Room: _____

Seen by: _____

MIDDLE SCHOOL INJURY REPORT FORM – CONCUSSION MANAGEMENT

**To be completed by supervising coach who witnessed injury or who athlete reported injury to.
(All information needs to be in black or blue ink and printed!)**

Athlete Last Name _____

Athlete First Name _____

Campus _____ Grade _____ Student ID # _____

Sport _____

Date of injury _____ Time _____ Site _____

Game or Practice (circle one)

Describe how injury occurred:

Describe initial symptoms/complaints:

Initial treatment: **ATHLETE SHOULD BE REMOVED FROM ACTIVITY IMMEDIATELY.**

Parent Contact information:

Was athlete taken to the Emergency Room?

Other notes:

Coach Name (print) _____

Contact number _____

Coach Signature _____ Date _____

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You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

SIGNS & SYMPTOMS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Cannot recall events prior to hit or fall
- Cannot recall events after hit or fall

SYMPTOMS REPORTED BY ATHLETE:

- * Headache or “pressure” in head
- * Nausea or vomiting
- * Balance problems or dizziness
- * Double or blurry vision
- * Sensitivity to light
- * Sensitivity to noise
- * Feeling sluggish, hazy, foggy, or groggy
- * Concentration or memory problems
- * Confusion
- * Does not “feel right”

Your son/daughter has demonstrated and/or reported the signs or symptoms consistent with concussion. The following plan has been implemented, as per UIL requirements, as well as, compliance with Chapter 38. Sub chapter D of the Texas Education code, for concussion management in student-athletes participating in activities under the jurisdiction of the UIL.

5. The student athlete shall be immediately removed from the game or practice (to include any weight training or conditioning sessions).
6. The parent or guardian of the student athlete will be notified and provided information about the possible concussion.
7. Arrangements will be made for the student athlete to be evaluated by a Physician.
8. If it is determined that a concussion has occurred, the student athlete shall not be allowed to return to participation that day regardless of quick the signs or symptoms of the concussion resolve and shall be kept from activity until the following requirements have been met:
 - a. The treating physician has provided the parent/guardian of the student athlete and the athletic trainer, a written statement indicating that, in the physician’s professional judgment, it is safe for the student to return to play.
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 - iii. If the student athlete experiences any post-concussion symptoms during the return to activity progression, activity is discontinued and the student athlete must be re-evaluated by a licensed health care professional.
 - c. A coach of an interscholastic athletics team may not authorize a student’s return to play.

RETURN TO PLAY PROGRESSION PROTOCOL

Supervised progression of activities, based on standardized protocol, following compliance with the above information. Progression will be initiated by the PISD Athletic Trainer. All steps of the Progression will be documented.

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- Progress continues at 24-hour intervals as long as student-athlete is symptom free at each level.
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 - Phase 1: No exertional physical activity until student athlete is symptom free for 24 hours and receives written clearance from a physician and submission of the required documentation following the concussion injury to the PISD Athletic Trainer or designated person. (see attached forms)
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 - Step 1: When the athlete completes Phase 1, begin supervised light aerobic exercise (5-10 minutes on an exercise bike, or light jog); no weight lifting, resistance training, or any other exercise.
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Notes:

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(1) waive any immunity from liability of a school district or open-enrollment charter school or of district or charter school officers or employees;

(2) create any liability for a cause of action against a school district or open-enrollment charter school or against district or charter school officers or employees;

(3) waive any immunity from liability under Section 74.151, Civil Practice and Remedies Code; or

(4) create any cause of action or liability for a member of a concussion oversight team arising from the injury or death of a student participating in an interscholastic athletics practice or competition, based on service or participation on the concussion oversight team.



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CONSENT FORM

What can happen if my child keeps on playing with a concussion?

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Consent

By signing this form, I understand the risks and dangers related with returning to play too soon after a concussion. Furthermore, in the event that my son/daughter is diagnosed with a concussion, I give my consent for my son/daughter to participate in and comply with the Poteet ISD return to play protocol. The undersigned (parent or guardian) grants this permission.

Athlete's Name (print) _____

Parent's or Guardian's Name (print) _____

Parent's or Guardian's Signature _____

Date: _____



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PHYSICIAN RETURN TO PLAY CLEARANCE FORM – HEAD INJURIES

This form must be completed by the treating physician 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 Poteet ISD.

Student-athlete's Name (Print): _____ Date _____

I am a physician qualified in the management of head injuries/concussions and I have evaluated the above mentioned student-athlete, he/she;

- _____ **did not sustained a concussion and may return to play sports**
- _____ **sustained a concussion and is medically cleared to safely return to play and proceed with the concussion Return to Play Progression Protocol as listed below**
- _____ **is not medically cleared to do any athletic activity and needs to follow up**

Physician's Printed Name _____ Phone Number _____

Physician's Signature or Stamp _____ Date _____

RETURN TO PLAY PROGRESSION PROTOCOL

High School athletes believed to have sustained a concussion are required to follow the Poteet ISD Concussion Protocol. Protocol progression begins at 24-hour intervals as long as student-athlete is symptom free at each level. If the student-athlete experiences any post-concussion symptoms during the return to activity progression, activity is discontinued and the student-athlete must be re-evaluated by their physician.

As per [UIL guidelines/ HB 2038](http://www.uiltexas.org/health/info/concussions), protocol must be followed in all cases.
<http://www.uiltexas.org/health/info/concussions>

After the return to play form has been completed by the parent or guardian and the physician clearance is received, supervised progression of activities will be as followed:

- o Phase 1: No exertional physical activity until student athlete is symptom free for 24 hours and receives written clearance from a physician and submission of the required documentation following the concussion injury to the PISD Athletic Trainer or designated person.
- o Phase 2:
 - Step 1: When the athlete completes Phase 1, begin supervised light aerobic exercise (5-10 minutes on an exercise bike, or light jog); no weight lifting, resistance training, or any other exercise.
 - Step 2: Supervised moderate aerobic exercise (15-20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.
 - Step 3: Non-contact training drills in full uniform. May begin supervised weight lifting, resistance training, and other exercises.
 - Step 4: Full contact practice or training.
 - Step 5: Full game play.

Return to Play Procedure-MIDDLE SCHOOL

Phase 1: No exertional physical activity until student-athlete is symptom free for 24 hours. Ask questions below.

Do you have a headache? Y or N Do you have double vision? Y or N

Do you feel dizzy? Y or N

Printed Name of Student Student Signature Date

Printed Name of Coach Coach Signature Date

Notes/Comments: _____

Phase 2: Step 1: When the athlete completes Phase 1, begin light aerobic exercise 5 – 10 minutes on an exercise bike, or light jog; no weight lifting, resistance training, or any other exercise. (Must be supervised!)

After workout, ask athlete:

Do you have a headache? Y or N Do you have double vision? Y or N

Do you feel dizzy? Y or N What day of the week is it? Wrong or Right

Do you feel like throwing up? Y or N

If athlete answered YES to any of the questions or could not remember what day of the week it is, athlete must retest failed step after waiting 24 hours asymptomatic. (Contact PISD Athletic Trainer)

If athlete answered NO to the above questions and could recall the correct day advance to step 2.

Printed Name of Student Student Signature Date

Printed Name of Coach Coach Signature Date

Notes/Comments: _____

Step 2: Moderate aerobic exercise 15 to 20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment. (Must be supervised!)

After workout, ask athlete:

- Do you have a headache? Y or N Do you have double vision? Y or N
- Do you feel dizzy? Y or N What day of the week is it? Wrong or Right
- Do you feel like throwing up? Y or N

If athlete answered YES to any of the questions or could not remember what day of the week it is, athlete must retest failed step after waiting 24 hours asymptomatic. (Contact PISD Athletic Trainer)
If athlete answered NO to the above questions and could recall the correct day advance to step 3.

Printed Name of Student Student Signature Date

Printed Name of Coach Coach Signature Date

Notes/Comments: _____

Step 3: Non-contact training drills in full uniform. Athlete may begin weight lifting, resistance training, and other exercises. (Must be supervised!)

After workout, ask athlete:

- Do you have a headache? Y or N Do you have double vision? Y or N
- Do you feel dizzy? Y or N What day of the week is it? Wrong or Right
- Do you feel like throwing up? Y or N

If athlete answered YES to any of the questions or could not remember what day of the week it is, athlete must retest failed step after waiting 24 hours asymptomatic. (Contact PISD Athletic Trainer)
If athlete answered NO to the above questions and could recall the correct day advance to step 3.

Printed Name of Student Student Signature Date

Printed Name of Coach Coach Signature Date

Notes/Comments: _____

Step 4: Full contact practice or training. (This must be a full, regular practice with team)

After workout, ask athlete:

Do you have a headache? Y or N Do you have double vision? Y or N

Do you feel dizzy? Y or N What day of the week is it? Wrong or Right

Do you feel like throwing up? Y or N

If athlete answered YES to any of the questions or could not remember what day of the week it is, athlete must retest failed step after waiting 24 hours asymptomatic.

If athlete answered NO to the above questions and could recall the correct day advance to step 5.

Printed Name of Student Student Signature Date

Printed Name of Coach Coach Signature Date

Notes/Comments: _____

Step 5: Parent and athlete must return to Poteet High School during morning treatment hours for final evaluation. Please make a copy of this sheet and give one copy to student athletes' guardian to bring to PHS.

All necessary documentation must be brought to the Athletic Trainer at PISD prior to the Athletic Trainer releasing the student to play.

Step 6: Return to full game play.

- All aspects of the above Protocols and Progressions, as well as all required documentation must be on file in the Athletic Department (submitted to Stanley Mikolajczyk) prior to full return to play. Copies of all documentation will be available to the parent/guardian. Any subsequent concussion requires further medical evaluation, which may include a physical examination prior to return to participation.

Printed Name of Student Student Signature Date

Printed Name of Parent/Guardian Signature of Parent/Guardian Date

Printed Name of Athletic Trainer Signature of Athletic Trainer Date

Notes/Comments: _____

ANY SIGNS OR SYMPTOMS OF SECOND IMPACT SYNDROM OR IF THE STUDENT SUSTAINS ANOTHER HEAD INJURY, THAT STUDENT WILL BE REQUIRED TO GO TO THE DOCTOR FOR FURTHER EVALUATION, WHICH MAY INCLUDE A NEW PHYSICAL OR REFERRAL FOR FURTHER EVALUATIONS AND TESTING.



Poteet ISD Athletic Department

1100 School Drive, Poteet, Texas 78065
Phone: 830-742-3521 ext. 1136 - Fax: 830-742-8497



Written Acknowledgement Form

The athlete named below has completed the required return to play protocol for a concussion. By signing this form, I understand the dangers related with returning to play too soon after a concussion. Furthermore, I certify that my son/daughter has successfully completed the Poteet ISD return to play protocol and I give my permission for him/her to return to sport activity. The undersigned (parent or guardian only) grants this permission.

Athlete's Name _____

Athlete's Signature _____

Parent or Guardian's Name _____

Parent or Guardian's Signature _____

Date _____



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)

Texas Education Code, Section 38.159. IMMUNITY. This subchapter does not:

- (1) waive any immunity from liability of a school district or open-enrollment charter school or of district or charter school officers or employees;
- (2) create any liability for a cause of action against a school district or open-enrollment charter school or against district or charter school officers or employees;
- (3) waive any immunity from liability under Section 74.151, Civil Practice and Remedies Code; or
- (4) create any cause of action or liability for a member of a concussion oversight team arising from the injury or death of a student participating in an interscholastic athletics practice or competition, based on service or participation on the concussion oversight team.