

## Concussion Management Policy/Protocol at Lourdes Catholic School

**Definition of a concussion** “a trauma induced alteration of mental status that may or may not involve loss of consciousness.” JAT Vol. 49 #2 April 2014

The information on this sheet is in accordance with Iowa Code Section 280.13C provided by the Iowa High School Athletic Association (IAHSAA) and Iowa Girls High School Athletic Union (IGHSAU).

If a Lourdes Catholic School (6-8) student athlete is believed to have sustained a concussion or suspected concussion, he/she will be immediately removed from practice or competition. The student athlete will then be evaluated by the coach on which signs and symptoms, if any, the student athlete is experiencing. If it's determined that the student athlete is showing signs & or symptoms of a concussion, or possible concussion, he/she will not be allowed to return to practice or competition has been cleared by a licensed practitioner. As stated in the [Parent/Student Facts Sheet, Heads Up: Concussion in H.S. Sports](#) that the student & parent signed.

The coach will notify a parent/guardian in a timely manner (that practice/game before the athlete is sent home) of the situation regarding their son/daughter.

The student-athlete will be given the [Medical Release for return to Athletic Participation](#) to be filled out by a licensed health care provider & parent or guardian signature along with the concussion or other brain injury return-to-play protocol. Additional resources can be found at [IHSAA Concussion Information, Concussion Management Guidelines for Iowa Schools](#)

The concussed student athlete must follow up with the **school nurse or health aide** the next day, preferably, or when the student athlete returns to school.

The school nurse or health aide will be notified (by coach) about the student athlete concussion and will be given the Medical Release for Return to Athletic Participation Following a Concussion or Injury form from the health care provider, then relay the RTL/RTP information to teachers and coaches.

**The student athlete must ultimately be cleared by a licensed health care provider, in written documentation**, by a physician, physician's assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist or licensed athletic trainer, who are trained in the evaluation and management of concussions and other brain injuries.

In order to return to play, the student athlete must follow the:

**Return to Participation protocol following a concussion** issued by the IAHSAA and IGHSAU, which is based off “Suggested Guidelines for the Management of Concussion in sports,” NFHS Sports Medicine Advisory Committee.

The athlete's coach will be given the **return-to-play steps sheet** by the school nurse or health aide & the coach will be required to follow the **steps & sign off after each step**. Once all 6 steps have been completed the coach will return the signed return-to-play sheet to the school nurse or health aide. Only then can a student athlete possibly return to full participation.

**MEDICAL RELEASE FOR RETURN TO ATHLETIC PARTICIPATION FOLLOWING A  
CONCUSSION OR INJURY**

This release is to certify that \_\_\_\_\_ has been examined  
(Student Athlete's Name)

Due to experiencing the signs, symptoms and behaviors consistent with a concussion or other brain injury, or another injury.

Following an examination, it is my medical opinion that he/she:

**Is UNABLE to return to any participation in athletics until further notice. Return appointment scheduled on: \_\_\_\_\_ . (Date)**

\_\_\_\_\_ **May return to LIMITED participation in athletics on \_\_\_\_\_ . (Date)**  
(Restrictions are noted below)

**Following return to limited participation this STUDENT NEEDS TO RETURN FOR RE-EVALUATION before being released for full participation in athletics.**

\_\_\_\_\_ **May RETURN TO FULL participation in athletics on \_\_\_\_\_ . (Date)**

**Restrictions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RETURN TO LEARN (check applicable)**

\_\_\_\_ May return to school full time.

\_\_\_\_ Not to return to school. May return on: \_\_\_\_\_

\_\_\_\_ Return to school with supports as checked below. Review on: \_\_\_\_\_

\_\_\_\_ Shortened day. Recommend \_\_\_\_\_ hours per day until \_\_\_\_\_.

\_\_\_\_ Allow extra time to complete coursework/assignments and tests.

\_\_\_\_ No significant classroom or standardized testing at this time.

\_\_\_\_ No more than one test per day.

\_\_\_\_ Take rest breaks during the day as needed.

\_\_\_\_ Other: \_\_\_\_\_.

Students should be performing at their academic baseline (symptom free) before starting the Return to Play Protocol. Return to Play Protocol on the back of this form.

\_\_\_\_\_  
**Licensed Health Care Provider's Name (Type or print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Licensed Health Care Provider's Signature**

\_\_\_\_\_  
**Phone Number**

**Parents or Guardian's Permission and Release:**

I hereby give my consent for my son/daughter to return to participation following his/her concussion or other injury as per the instructions detailed above.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CHAPTER 54**  
**CONCUSSION OR OTHER BRAIN INJURY RETURN-TO-PLAY PROTOCOL**

The Public Health Department hereby adopts new Chapter 54, "Concussion or Other Brain Injury Return-to-Play Protocol," Iowa Administrative Code. These rules are intended to implement Iowa Code section 280.13C.

**641—54.2(280) Definitions.** For the purpose of these rules, the following definitions shall apply.

"Asymptomatic" means the student is no longer showing signs, symptoms, or behaviors consistent with a concussion or other brain injury.

"Contest" means an interscholastic athletic game or competition.

"Extracurricular interscholastic activity" means any dance or cheerleading activity or extracurricular interscholastic activity, contest, or practice governed by the Iowa High School Athletic Association or the Iowa Girls High School Athletic Union that is a contact or limited contact activity as identified by the American Academy of Pediatrics.

"Licensed health care provider" means a physician, physician assistant, and chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board designated under Iowa Code section 147.13.

"Medical clearance" means written clearance from a licensed health care provider releasing the student following a concussion or other brain injury to return to or commence participation in any extracurricular interscholastic activity.

"Rest" means a recovery state at which physical and cognitive activities are reduced or removed with the intent to eliminate the signs, symptoms, or behaviors of brain injury.

"Return-to-learn plan" means the plan developed by personnel of a school district or accredited nonpublic school based on guidance developed as required under Iowa Code section 280.13C(6)"b" to provide adjustments or accommodations as the student returns to the classroom.

"Return-to-play" means the gradual, stepwise approach to returning a student to participate in any extracurricular interscholastic activity following a concussion or other brain injury.

**641—54.3(280) Return-to-play protocol.** The following return-to-play step-wise process shall begin when the student who has been removed from participation in any extracurricular interscholastic activity governed by the Iowa High School Athletic Association or the Iowa Girls High School Athletic Union is **no longer showing signs, symptoms, or behaviors consistent with a concussion or other brain injury for a minimum of 24 hours and has received written medical clearance from a licensed health care provider to return to or commence such participation.**

**54.3(1) Return-to-play process.** Each step shall take a minimum of 24 hours.

a. If the student shows signs, symptoms, or behaviors consistent with a concussion or other brain injury at any step of the return-to-play protocol, the student must stop the activity and the student's licensed health care provider and parent or guardian shall be contacted.

b. If the student shows signs, symptoms, or behaviors consistent with a concussion or other brain injury during this process, **an additional 24-hour period of rest shall take place. After the 24-hour period of rest, the student shall drop back to the previous level when the student showed no signs, symptoms, or behaviors consistent with a concussion or other brain injury and begin the progression again.** Page 3 of 3 54.3(2)

**RETURN-TO-PLAY STEPS:**

**Each step shall take a minimum of 24 hours.**

a. If the student shows signs, symptoms, or behaviors consistent with a concussion or other brain injury at any step of the return-to-play protocol, the student must stop the activity and the student's licensed health care provider and parent or guardian shall be contacted.

b. If the student shows signs, symptoms, or behaviors consistent with a concussion or other brain injury during this process, **an additional 24-hour period of rest shall take place. After the 24-hour period of rest, the student shall drop back to the previous level when the student showed no signs, symptoms, or behaviors consistent with a concussion or other brain injury and begin the progression again.**

**Step 1:** Athlete has received written medical clearance from a licensed health care provider to begin the return-to-play process, AND the athlete is back to regular

activities, including school, without experiencing any concussion signs, symptoms, or behaviors for a minimum of 24 hours.

**COACH/Parent SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Step 2:** Low impact, light aerobic exercise. Walking or stationary cycling at slow to medium pace. No resistance/weight training.

**COACH/Parent SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Step 3:** Basic exercise, such as running in the gym or on the field. No helmet or other equipment.

**COACH/Parent SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Step 4:** Noncontact, sport-specific training drills (dribbling, ball handling, batting, fielding, and running drills) in full equipment. Resistance/weight training may begin.

**COACH/Parent SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Step 5:** Full contact practice and participation in normal training activities.

**COACH/Parent SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Step 6:** Contest participation.

**COACH/Parent SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Once all phases of the Return to Play Protocol are completed successfully and the student is asymptomatic, this form must be signed by the building nurse or health aid and the Lourdes Athletic Director before the student can be allowed to return to full unrestricted activity

Participation.

**Nurse/Health Aide Signature**

**Date:**

**Lourdes Athletic Director Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

