

GONZAGA COLLEGE HIGH SCHOOL CONCUSSION POLICY

"The Athletic Concussion Protection Act of 2011 applies to athletes in the District of Columbia 18 years old or younger. It requires them to be removed from practice or play following a suspected concussion, and only allow them to return after written clearance by a licensed healthcare provider experienced in the evaluation and management of concussions."

The following policy outlines the use of baseline testing, identification and reporting of suspected and diagnosed concussion, and the procedures for return to academics and athletics following a concussion.

Immediate Action

Any Gonzaga College High School athlete that sustains a suspected head injury (defined as a hit to the head or body plus any signs or symptoms; see below for additional information) must be evaluated by Gonzaga's certified athletic trainer (ATC) as soon as possible. If the initial injury is severe and the ATC is not available the athlete should be transported to the nearest emergency department. If the athlete is at Gonzaga, the preferred emergency department is Children's National Medical Center. If the injury takes place at an away school, the athlete should be evaluated by the host team ATC and then instructed to see the ATC at Gonzaga once he returns to school or the following day.

ImPACT Baseline Neuropsychological Testing

Athletes that participate in the following sports must complete a baseline ImPACT concussion test at school, administered by a trained test proctor, within the first week of tryouts. Baseline testing will be conducted twice during high school, typically at the beginning of the freshman and junior years. Tests will be reviewed for validity, and athletes may be asked to provide additional information or repeat testing if there is concern that the test is not a valid baseline. Consultation and training regarding ImPACT testing will be provided to athletic trainers by neuropsychologists.

- Football
- Soccer
- Basketball
- Wrestling
- Hockey
- Baseball
- Lacrosse
- Rugby
- Water polo

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Concussion Identification

A concussion is suspected any time there is (1) a hit to the head or body and (2) any sign or symptom. Coaches and ATCs will use CDC “Heads Up” materials (clipboards, clipboard stickers, symptom checklists) or another resource (such as the Concussion Recognition & Response app for Android and iPhone/iPad) to evaluate all signs and symptoms following a witnessed or reported hit. In accordance with concussion consensus guidelines and the Athletic Concussion Protection Act of 2011, a player with a suspected concussion as defined above must be removed from play and observed/evaluated for diagnosable concussion. Identification of a suspected injury may be made by a coach or the athletic trainer, while diagnosis is made by the ATC or another certified/licensed healthcare professional. If the coach is the first to identify the suspected concussion, they are to contact the Gonzaga athletic trainer immediately. Athletes with suspected concussion should be evaluated by the ATC or a health care professional knowledgeable in concussion. The Gonzaga ATC will use a standardized sideline assessment tool (e.g., SCAT2) to document the diagnosis.

If any “red flag” signs or symptoms are present following the initial on-field evaluation, the athlete will be immediately referred to the Emergency Department. Red flag signs/symptoms include loss of consciousness, severe headache that worsens, repeated vomiting, slurred speech, etc (see CDC materials or CRR app).

On the day of the injury, the family/guardian will be provided with ACE Post-Concussion Home/School Instructions for treatment guidance, and the student-athlete’s family physician will be notified and provided a copy of the sideline assessment results.

Return to School/Academic Activities

Gonzaga College High School is committed to supporting the recovery of student-athletes with concussion, including successful return to school with the help of a concussion support team. A student-athlete with a diagnosed concussion may need temporary accommodations at school, including excused absences, shortened day, rest breaks, and/or reduced workload and testing. Once the ATC is alerted of or diagnoses a concussion in a student-athlete, the athlete counselor and the school nurse will be notified of the injury as soon as is feasible. The counselor will then be responsible for communicating with the family, student-athlete and teachers to coordinate an academic support plan. Appropriate academic accommodations will be implemented based on the student’s current symptoms immediately upon their return to school, and accommodations will be adjusted as appropriate throughout the student’s recovery.

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Following the initial evaluation

Re-assessment of the athlete's symptom status will occur daily, including reporting to the ATC or the concussion team leader on any difficulties with schoolwork or attendance. The athlete will take a post-concussion impact test 48-72hrs following concussion. The athlete will repeat the ImPACT test again 5-7 days following first post-injury test, or when the athlete reports being symptom free. If the test scores are improved but not back to baseline levels, the ATC will continue to monitor symptoms and retest when it is determine that the athlete is asymptomatic. All post-injury ImPACT test results will be reviewed by the school's consulting neuropsychologist for interpretation and guidance, including when to refer to a concussion specialist or when to start a gradual RTP.

Repeat concussions

Repeat concussions can result in a higher risk for prolonged symptoms/ recovery, and must be carefully evaluated and managed. If an athlete receives more than one concussion within a year, they must be evaluated by a concussion specialist to determine the appropriateness and timing of return to play.

Return to Play

Prior to returning to play, the athlete's ImPACT test must be within normal limits he must be symptom free for at least 24/48hrs, and he should no longer need academic accommodations. Next, he must pass the gradual return to play criteria set up by the certified athlete trainer. If the athlete is referred to a specialist he will not be allowed to begin the gradual return to play until the certified athlete trainer receives a written note from a specialist and his ImPACT test is within normal limits.

The Return to play criteria:

STEP 1: NO CONTACT; sports specific warm up followed by 15-20 minute workout, which can include biking, fast walking or a light jog. If the next day the athlete still remains symptom free he can progress to step two.

Step 2: NO CONTACT; Sports specific warm up; increase intensity and duration of workout to 20-30 minutes. Also initiate footwork drills and sport specific drills. If the next day the athlete still remains symptom free he can progress to step three.

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The Return to play criteria continues:

Step 3: LIGHT CONTACT; 60 minute workout with increased intensity. Begin one on one drills and walk thru. If the next day the athlete still remains symptom free he can progress to step four.

Step 4: Return to practice with controlled contact. If the next day the athlete still remains symptom free he can progress to complete return to game play/competition.

Athlete must complete all steps before returning to sports. If during any step the athlete experiences symptoms of a concussion the return to play will stop. Once symptom free the athlete will begin the Return to play steps again.

According to the Washington, DC Athletic Concussion Protection Act of 2011, an athlete with a concussion can only RTP after written clearance by a licensed healthcare provider experienced in the evaluation and management of concussions.

If an athlete receives clearance from a physician they must still complete the Gonzaga return to play protocol before returning to a sport. Furthermore, clearance from a healthcare provider does not automatically qualify an athlete for RTP, as other professionals may have information that precludes return to play (e.g., history of multiple recent injuries, ongoing symptoms, school difficulty, etc). The ATC has the final say in allowing an athlete to progress through the RTP protocol, and the ATC may request additional information or specialist evaluation prior to allowing an athlete to return.

WHEN IN DOUBT SIT IT OUT!!!