



Concussion Management Policy for The Academy for Urban Scholars' Athletes

The recognition and treatment of athletes who have suffered a concussion has become a national priority. As a result of an increasing number of studies that have revealed that concussions, not properly treated, can result in permanent physical and cognitive deficits, including learning disabilities. The data also suggests that concussions can lead to the development of dementia and other long-term issues earlier than expected. These risks have led the State of Ohio to enact law (of Sections 3313.539, 3707.511 and 3707.52 of the Ohio Revised Code) that all school districts develop policies related to sports concussion that are consistent with the current recommendations of the U.S. Centers for Disease Control and Prevention. Additional recommendations for these policies come from the National Federation of High Schools (NFHS) and the Ohio High School Activities Association (OHSAA), among others.

Recovery from a concussion requires limitation of physical activity, especially sports activity such as practice, drills, games, and physical education classes. In significantly symptomatic athletes, mental activity should also be limited cognitively to allow the brain time to heal. These activities may include limiting assignments, quizzes and tests, allowing greater time to complete such academic tasks, and encouraging frequent breaks from cognitive stressors. In severe cases, additional accommodations may need to be made through an Individualized Education Plan (IEP) in consultation with medical professionals. Additionally, with all concussed athletes, such activities as watching TV, texting, and computer use may also slow recovery.

To better manage instances of concussion in our sports program, The Academy for Urban Scholars requires the following:

1. All coaches (paid and volunteer) must complete annual training in the area of current concussion management practices and provide proof of that training to the school's principal. This training should include up-to-date information on the identification of concussion, the signs and symptoms associated with the injury, the risks involved with allowing athletes to continue to play while symptomatic, methods of concussion assessment, and the importance of gradual return to play practices.
2. Information about sports-related concussion will be provided to parents about concussion annually via the school's website and parents will be asked to provide written acknowledgement of receiving such information prior to their child(ren) being allowed to participate in any school-sponsored sport activity. These acknowledgement forms will be updated annually and kept by the school's principal for a period no shorter than seven (7) years.
3. Prior to the start of every sport season, a meeting will be held to inform parents about the risks of concussion prevalent in each sport and to help educate those parents on how to identify the signs and symptoms associated with the injury along with the potential risks involved with playing while symptomatic. Parents will also be informed about The Academy for Urban Scholars' Concussion Policy.
4. Prior to the start of every sport season, the principal will work with coaches and medical providers to educate athletes about concussion, its signs and symptoms, and potential long-term risks.
5. If, during a practice or game, an athlete sustains a concussion or exhibits the signs, symptoms or behaviors of the injury, that athlete must be removed from all athletic activity. That athlete may not return to any practice or game activity until he/she is evaluated by a licensed health care professional trained in the evaluation and management of concussion (i.e., physician, physician assistant, nurse practitioner, or athletic trainer). The athlete and his/her parent/guardian must provide written clearance from that provider prior to the athlete being allowed to resume physical activity. The school's principal will keep evidence of all written clearance forms on file for a period no shorter than seven (7) years.
6. Once the athlete receives written medical clearance to return to physical activity, coaches at The Academy for Urban Scholars should follow the Gradual Return to Play Protocol set forth by medical professional.

Signed: _____ Date: _____
Principal

Signed: _____ Date: _____
Head Coach

Signed: _____ Date: _____
Student



STUDENT-ATHLETE CONCUSSION MEDICAL REFERRAL

Student-Athlete's Name: _____

Date of Suspected Concussion: _____ Place: _____

Activity: _____

Referred By: _____ Title: _____

Short Description of How Injury Occurred:

Signs/Symptoms Observed or Experienced By Athlete After Injury Occurred:

- Appeared Dazed, Stunned, or Disoriented
- Forgot Plays or Demonstrates Short-Term Memory Difficulties (e.g. is unsure of the game, score, or opponent)
- Exhibited Difficulties with Balance or Coordination
- Answered Questions Slowly or Inaccurately
- Lost Consciousness
 - o How Long: _____
- Demonstrated Behavior or Personality Changes/Overly Emotional
- Was Unable to Recall Events Prior To or After the Hit
- Had Headache
- Was Nauseous or Vomiting
- Complained of Blurry Vision
- Had Difficulty Remembering
- Complained of Being Sensitive to Bright Lights/Loud Noises

In accordance with Ohio Law, The Academy for Urban Scholars has a strict concussion management policy. If during any practice or game situation, an athlete sustains a concussion or exhibits the signs, symptoms or behaviors consistent with the injury; he/she must be immediately removed from all athletic participation. That athlete may only return to physical activity if/when he/she is evaluated by a licensed health care provider trained in the evaluation and management of sports concussion and receives a written clearance to return to play. By signing this form, I acknowledge that I have thoroughly evaluated this athlete for concussion and have decided that the athlete is symptom free and it is safe for him/her to return to physical activity:

- Cleared to Return to Play – NO RESTRICTIONS
- Cleared to Return to Play- WITH THE FOLLOWING RESTRICTIONS:
 - o Must Follow 5-Day Stepwise Return to Play Protocol
 - o Provide Academic Accommodations/Support

Signed: _____ Date: _____

Physician/Physician Assistant/Nurse Practitioner/Certified Athletic Trainer/Sport-Certified Physical Therapist

Print Name: _____