

South Carolina Governor's School
For Science and Mathematics
Concussion Policy

Concussions, a type of traumatic brain injury, are serious and potential life threatening injuries. Continued research has revealed the extent of the injury may be felt, not only in the short term, but years later if not properly identified and treated. In an attempt to maintain the safety and well-being of our student-athletes, we have a policy to identify and manage student-athletes that may suffer a concussion. This policy was developed using recommendations established by the National Athletic Training Association and the 4th International Conference on Concussion in Sport, along with research from the University of North Carolina at Chapel Hill and the University of Pittsburgh. Contributions to this policy were also made by The Greenville County School System.

Definition

Concussions will be defined as a temporary impairment of mental functions, such as, but not limited to, memory, balance, and vision, which results from a direct or indirect injury to the brain. Terminology regarding concussions will no longer include severity (mild, moderate, severe) or the use of slang ("bell rung", "seeing stars", "dinged"). It is important to note that no two concussions are identical and treatment will be determined on a case by case basis to meet the needs of the patient.

Education and Risk Acknowledgement

1. All student-athletes and parents must read the CDC Concussion Fact Sheet and sign the SOUTH CAROLINA GOVERNOR'S SCHOOL FOR SCIENCE AND MATHEMATICS Student-athlete/Parent Concussion Statement acknowledging that:
 - a. they have read and understand the CDC Concussion Fact Sheet.
 - b. they accept responsibility for reporting all injuries and illnesses of themselves and others to the school medical staff and/or school personnel, including signs and symptoms of concussion.
2. All SOUTH CAROLINA GOVERNOR'S SCHOOL FOR SCIENCE AND MATHEMATICS coaches (head coaches and assistant coaches) must sign the GCSD Coaches Concussion Statement acknowledging that:
 - a. they have taken and passed the NFHS *Concussion in Sport* Course.

- b. will encourage student-athletes to report any suspected injuries and illnesses to the medical staff and/or school personnel, including signs and symptoms of concussion.

- c. have read and understood the SOUTH CAROLINA GOVERNOR'S SCHOOL FOR SCIENCE AND MATHEMATICS concussion policy.
3. The medical staff must acknowledge that they have read and understand the SOUTH CAROLINA GOVERNOR'S SCHOOL FOR SCIENCE AND MATHEMATICS concussion policy.
4. Head coaches of each respective sport will be required to direct the signing and collection of the aforementioned documents from their staffs and student-athletes. Head coaches will also be responsible for making certain that all required student-athletes have completed the required baseline neurocognitive and balance screening. Student-athletes will not be eligible for participation until their documentation has been received and baseline screening completed.

Management of Concussions

1. The management of a concussion begins with pre-season baseline screening.
 - a. Screening will involve a graded symptom checklist (GSC) and sideline assessment tool (SCAT3) along with computerized neurocognitive (e.g. ImPACT) and balance (e.g. BESS) assessments.
 - b. Student-athletes to be tested include: students entering the 9th and 11th grades, transfer students, and student-athletes who suffered a concussion in the previous year.
 - c. All testing must be completed before a student-athlete is eligible for participation.
 - d. The following sports are considered at-risk and require baseline testing: baseball, basketball (boys and girls), cheerleading, football, lacrosse (boys and girls), soccer (boys and girls), softball, track and field (field events only), volleyball, and wrestling.
 1. Student-athletes who are not baseline tested will have their post-concussion testing scores compared to currently available normative data.
 - e. The medical staff will be responsible for conducting and documenting baseline screening results.
2. Any student-athlete who presents with concussion signs and/or symptoms should be removed from play immediately.
 - a. If a team physician or athletic trainer is present, the student-athlete should be referred to that individual for a thorough concussion evaluation.
 - b. No student-athlete suspected to have suffered a concussion will return to play on the same day. Student-athletes will only be permitted to return to activity if a team physician or athletic trainer determines that no concussion has occurred and return to play is safe.
 - c. If the team physician or athletic trainer is not present, the head coach will be responsible for removing the student-athlete from activity and notifying the student-athlete's parent(s)/guardian and school athletic trainer.
 - d. All student-athletes must have their parent(s)/guardian notified if a concussion is suspected.

- e. Student-athletes with a suspected concussion are only to be released to the direct care of their parent(s)/guardian unless emergency transportation is necessary.
 - f. Instructions regarding the home care of a concussion should always be given to parent(s)/guardians before the student-athlete is released. These instructions should be given verbally and written with any questions addressed.
3. Following the diagnosis of a concussion, the athletic trainer will coordinate with the treating physician to determine a concussion management plan. Only MDs or DOs who have training in the management of concussions can direct the management plan.
- a. Cognitive rest is necessary during the early treatment of concussion and should be included in the concussion management plan.
 - 1. Activities that worsen symptoms (e.g. school work or computer use) should be withheld until deemed appropriate by the medical staff.
 - b. Concussion management plans will consist of appropriate post-concussion evaluation, which may include balance and neurocognitive assessments, and a graduated return to play progression.
4. The graduated return to play (RTP) progression can begin once the student-athlete has been symptom free for 24 hours or through the direction of the treating physician.
- a. The graduated RTP protocol consists of 5 stages conducted in the presence of an ATC.
 - b. Signs and symptoms should be assessed before, during, and after each stage is conducted.
 - c. Each stage must be separated by at least 24 hours.
 - d. If a student-athlete becomes symptomatic during the prescribed activity, the test should be stopped immediately. The student-athlete can begin at the previous stage after remaining asymptomatic for 24 hours.
 - e. The graduated RTP progression can be found at the end of the policy.
 - f. Student-athletes must be cleared by the treating physician to progress to the contact stages of the graduated RTP protocol.
 - 1. Repeat balance and neurocognitive testing will be considered by the treating physician before advancement.
5. Student-athletes diagnosed with a concussion will not be permitted to return to full unrestricted activity until all of the following conditions have been met:
- a. the student-athlete no longer presents with signs and/or symptoms of concussion

- b. the student-athlete completes the graduated RTP progression while remaining asymptomatic
- c. the student-athlete obtains a written medical release from a physician (MD or DO) trained in concussion management
 - I. the written medical release must be documented on a concussion-specific return to participation form.

***Please note: Concussion management is a widely studied topic and advancements in treatment occur frequently. This policy will be updated as needed to stay current with the latest research and methodology.

Acknowledgements

Harmon, K., *etal.* "American Medical Society for Sports Medicine position statement: concussion in sport." *British Journal of Sports Medicine* 47 (2012): 15-26.

McCroryP, *etal.* "Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012." *British Journal of Sports Medicine* 47 (2013): 250-258.

Note: This policy was provided by the Greenville County School District