



Public Charter High School

## **CONCUSSION AWARENESS PROGRAM**

The Thurgood Marshall Academy (“TMA”) Concussion Awareness Program is intended to serve as the school’s “formal concussion awareness program,” a formal educational program designed specifically to address concussion and sub-concussive injury awareness.

### **A. Concussion Awareness Program System, Distribution & Maintenance**

#### **a. Reasonable System**

The school’s system is to maintain written communication of educational materials to be distributed electronically at least annually to all participants, parents/guardians, and coaches. “Participants” means any person engaged in athletic activities; “participant” does not include spectators, referees, umpires, or coaching staff. The TMA Concussion Awareness Program advances educational content regarding the nature, risk, and management of concussive injuries. The program will be reviewed annually with reference to relevant resources such as CDC guidance. This program aligns with the Code of the District of Columbia Chapter 28B—Youth Athletic Concussion Protection.

#### **b. Distribution**

The TMA Concussion Awareness Program will be distributed electronically to all participants, their parents/legal guardians, and coaches. Participants and coaches are expected to review this document and strongly encouraged to take the trainings described in References at the bottom of the document.

#### **c. Maintenance of Materials**

Maintenance of the “concussion awareness program” materials, including all records and communication, will be the responsibility of the TMA Operations Department in coordination with the Director of Athletics. The Chief Operating Officer will save records of distribution for future reference.

### **B. “Concussion Awareness Program”- Definitions & Procedures**

#### **a. Concussion & Sub-concussive Injury Defined & Described**

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull,

creating chemical changes in the brain and sometimes stretching and damaging brain cells. Any suspected concussion must be taken seriously.

Sub-concussive hits are those that are below that concussion threshold: the brain is shaken, but not so violently that the damage to brain cells is severe enough to see through symptoms. Multiple sub-concussive injuries can have a cumulative effect, leading to issues over time.

<b>Observed concussion signs</b>	<b>Reported concussion symptoms</b>
Can't recall events prior to or after hit or fall	Headache or pressure in the head
Appears dazed or stunned	Nausea and/or vomiting
Moves Clumsily	Bothered by light or noise
Forgets instruction	Feeling sluggish ,hazy, foggy, or groggy
Answers questions slowly	Confusion/concentration/memory problems
Loses consciousness (even briefly)	Just not feeling right or feeling down
Mood, behavior or personality changes	
Loss of consciousness (even if brief)*	
Seizure*	
Increased sleepiness*	
Worsening Headache*	

\*RED FLAGS- Red flag symptoms warrant calling 911 or visiting the Emergency Room.

## **b. Concussion Recognition and Response**

### *1. Recognizing & Responding to Potential Concussion or Sub-Concussive Injuries*

If a participant shows any signs, symptoms or behaviors that make you suspicious of a concussion, the participant **MUST** be removed from play and observed closely. Allowing the participant to continue play may result in sustaining another head injury and can lead to worsening concussion symptoms, increased risk for further injury and rarely, death. Signs and symptoms generally show up soon after the injury. However, you may not know how serious the injury is at first and some symptoms may not show up for hours or days. For example, in the first few minutes the participant might be a little confused or a bit dazed, but an hour later they might not be able to remember how he or she got hurt.

You should continue to check for signs of concussion immediately after and the next few days following the injury. If concussion signs or symptoms worsen, you should seek emergency treatment right away.

Teachers, coaches, and other responsible adults are not expected to diagnose a concussion. Participants should not self-diagnose. The diagnosis must be made by an appropriate health care professional. However, it is the responsibility of the responsible adult to be aware of the signs, symptoms and behaviors associated with a concussion and follow the proper procedures for treatment.

## *2. Concussion Injury Management Standards*

**When to Call 911**—There may be some situations where you will need to call 911. The following circumstances are medical emergencies after a concussion where 911 should be called ASAP:

- Loss of consciousness
- Seizure
- Increased sleepiness
- Worsening headache
- Persistent Vomiting

**Rest**—The major step in recovering from a concussion is physical and mental rest. Generally, 24 - 48 hours of rest is needed, though some participants may require more. Rest is essential to help the brain heal. Any activity that requires concentration and attention needs to be stopped as these activities may worsen symptoms and delay recovery. These activities include but are not limited to the following:

- Loud noises
- Exposure to bright lights
- Computers
- Video games
- Television
- Phones

## *3. Administrative Procedures*

Adult supervisors of participants must follow the administrative procedures listed below immediately after a participant experiences a concussion.

- Immediately remove participant from play.
- Contact on site health care provider (school nurse or event medic).
- Contact parent/guardian and notify them of possible concussion.
- Write incident report (be as detailed as possible in providing all information about how the participant sustained the concussion).
- Sign incident report and email/deliver it to your immediate supervisor, the Operations Department, and the Director of Athletics (if incident occurred during an athletic event or practice).
- Request written ‘return to play’ instructions from health care provider before participant is allowed to return to learn/play.
- Forward medical clearance form to immediate supervisor, the Operations Department, and the Director of Athletics.

### **c. Injury Management Standards for Return to Activities**

#### *1. Return to Learn*

Participants may have difficulty returning to normal activities after a concussion. These difficulties may last from days to weeks and may involve short and/or long term memory loss, concentration and organization. The following are sample ways that we can support and accommodate participants academically in collaboration with school staff.

- Lessen class load/lighten schedule
- Allow extra time for assignments/homework
- Taking breaks during class

#### *2. Return to Play*

After suffering a concussion, no participant can return to play or practice until they are symptom free and medically cleared to play—that is, the participant must provide the Director of Athletics (via the coach when appropriate) with a document from a healthcare provider approving the participants return to athletic activity. Once a participant is cleared to return to play, they should be eased into play to allow the brain to re-adjust to exercise. Taking one of the following steps at a time (it may take more than one day to accomplish each step) is a good way to ease into a regular physical activity program. Participants should be monitored closely through each of the 5 steps.

Step One: Light aerobic exercise 5-10 minutes

Step Two: Moderate aerobic exercise 15-20 minutes

Step Three: Non-contact training drills. May begin weight lifting and resistance exercises.

Step Four: Full contact practice or training

Step Five: Full game play

If there is a recurrence of symptoms at any time during return to play or learn, the participant may need to be re-evaluated by a health care provider. The coach will advise the participant to seek medical care and repeat this step “2. Return to Play” (i.e., submit documentation of medical clearance to the Director of Athletics before permitting play and reintroduce the participant to athletic activity gradually and under observation).

### **d. Prevention of Concussions and sub-concussive injuries.**

Preventing concussions may be difficult, however you can take necessary precautions to reduce the number of concussions and properly treat the ones that do occur. Some precautions may include:

1. If applicable, make sure that the participant wears a helmet that is appropriate for the sport they are participating in. All helmets should be certified by the NOCSAE (National Operating Committee on Standards for Athletic Equipment).
2. Ensure that all helmets fit properly and are worn correctly each time.
3. Avoid using the head as the primary focal point of contact. The head and helmet (when applicable) should never be used as a weapon.
4. Instruct the participant in proper tackling techniques in football.
5. Strengthen neck muscles. Studies have shown that individuals with stronger neck muscles have a lower rate of concussion.

### **References:**

- <https://code.dccouncil.us/dc/council/code/titles/7/chapters/28B/>
- *NFHS Suggested Guidelines for Management of Concussions in Sports*, National Federation of State High School Associations (NFHS) Sports Medicine Advisory Committee (SMAC), <https://www.nfhs.org/media/1020401/suggested-guidelines-for-management-of-concussion-in-sports-april-2019-final.pdf>
- <https://concussionfoundation.org/>
- <https://www.cdc.gov/headsup/youthsports/index.html>
- CDC Course for Students: <https://www.train.org/cdctrain/course/1089855/>
- CDC Course for Coaches: <https://www.train.org/cdctrain/course/1089818/>

### **Annual Checklist**

- Review policy & procedures—Athletic Director
- Post on web site—COO
- Distribute link to parents/guardians—COO
- Distribute to participants & coaches; encourage coursework—Athletic Director
- Email distribution documentation to COO—Athletic Director
- File documentation in Insurance folder for year—COO