



LCSD Concussion Policy

A concussion is a brain injury caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Concussions can also result from a fall or from collisions between with one or more individuals or obstacles. They disrupt normal brain function, and can range from mild to severe. A concussion is possible from a minor bump and can occur even without loss of consciousness. As brain injury, concussions are serious.

The following are signs and symptoms that can occur with a concussion regardless or whether the athlete lost consciousness or not.

- Headache
- Dizziness
- Dazed and confused
- Balance problems
- Clumsy
- Behavior or personality changes
- Can't recall events before the hit
- Can't recall events after the hit
- Nausea/Vomiting
- Vision problems
- Sensitive to light

The signs, symptoms, and behaviors of a concussion are not always apparent immediately after a bump, blow, or jolt to the head or body and may develop over a few hours. An athlete should be observed following a suspected concussion and should never be left alone.

As per the FHSAA and the District, any athlete who exhibits signs and symptoms or behaviors consistent with a concussion shall be removed from the contest or practice and shall not return to play until cleared by an appropriate health-care professional.

Coaches, Athletic Directors, First Responders, etc. are responsible to know the signs and symptoms of a concussion and are responsible for adhering to the FHSAA and District guidelines.

Per The School District of Lee County and the FHSAA, any head injury requires a physician release on the Post Head Injury/Concussion Initial Return to Participation form and the Return to Competition Affidavit (AT18). These forms are available through the school's Athletic Director.

The FHSAA Return to Play (RTP) Criteria: Concussion Management

1. No athlete should return to play (RTP) or practice on the same day of a concussion. "When in doubt, sit them out!"
2. Any athlete suspected of having a concussion must be evaluated by an AHCP as soon as possible and practical.
3. Any athlete who has sustained a concussion must be medically cleared by an AHCP prior to resuming participation in any practice or competition.
4. After evaluation and examination by an AHCP, return to play must follow a step-wise protocol as defined by the "Graded Return to Play Protocol" form and under the supervision of an AHCP, Athletic Trainer, coach, or other health care professional.

Form AT18 (Post Head Injury/Concussion)

5. A written medical clearance from an AHCP is required for return to competition.
Form AT18

If any of the following signs or symptoms occurs, the athlete should be sent to Emergency Room immediately!

- Increased drowsiness, mental confusion or difficult to arouse
- Vomiting, nausea, fever or neck stiffness
- Weakness of face, arms or legs, difficulty balancing
- Blurred or double vision
- Slurred Speech
- Increased severity of a headache
- Seizures
- Drainage of blood or clear fluid from nose or ears
- Any other new or worsening symptom that concerns you

The risks of not following up on a concussion and providing the appropriate care could result in a fatality of an athlete. **Second Impact Syndrome** occurs when an athlete sustains a second concussion before the signs and symptoms from the first concussions are cleared. The symptoms, which include rapid onset of dilating pupils, loss of eye movement, unconsciousness and respirator failure, can quickly progress and cause failure of the brain stem within two to five minutes of the second impact and death can follow shortly after. This condition is more likely in adolescents under the age of 20 and occurs more frequently in contact sports. However, it can happen to anyone despite how minor the first concussion may be.



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Steps for return to play

Once you are symptom-free with normal neurological examination, off all medications related to this concussive injury, and cleared by your physician, you may begin the Graded Return to Play Protocol as outlined on the FHSAA form AT18 under the supervision of an athletic trainer, coach, or other health care professional.

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Each step should take at least 24 hours to complete. Each step must be dated and initialed after completion. No step can be skipped.

Day 1) Light aerobic exercise (HR <70% max)
Ex. Walking or stationary bike

Day 2) Sport-Specific Exercise
Resume non-contact training drills that are sport specific. For example, football quarterbacks may resume sideline throwing.

Day 3) Non-Contact Training
Complex drills that are sport-specific; non- contact practice

Day 4) Full contact practice

If you experience any return of symptoms at any time during the protocol, immediately stop participation and notify your athletic trainer, coach, or parents. Wait at least 24 hours or until you are asymptomatic. When you are again asymptomatic, drop back to the previous asymptomatic level and resume protocol.

Once these 4 steps have been completed:

- Have the Graded Return to Play Protocol (FHSAA Form AT18 pg. 1) signed by a licensed athletic trainer, coach or AD verifying completion.
- You must sign the form to attest that you completed the protocol
- Submit the protocol to your physician for review
- Your physician must then initial the completed protocol and sign the

Return to Competition Affidavit (FHSAA Form AT18 pg. 2)

Only when protocol is complete and all forms are on file with the athletic director are you then cleared for full return to participation without restrictions.