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## Concussion Management Guide

### Purpose

The Seguin ISD Athletic Training and Sports Medicine Department has developed and implemented the following concussion management guidelines for the student-athletes in Seguin ISD in accordance with the rules set forth by the University Interscholastic League and SB 2038, or Natasha’s Law. These comprehensive guidelines are consistent with current standards of care and appropriate medical practices for the student-athlete who suffers a concussion in sports.

### Immediate Physician Referral Checklist

Signs and symptoms of a closed head injury do not always present until hours or sometimes days after the initial trauma. Due to this fact, you should be aware of possible signs and symptoms that indicate an emergency including but not limited to the following:

Emergency Signs and Symptoms	
<ul style="list-style-type: none"> <li>● One pupil larger than the other</li> <li>● Excessive drowsiness or unconsciousness that can not be awakened</li> <li>● A headache that gets worse and does not go away</li> <li>● Repeated nausea and vomiting</li> <li>● Slurred speech</li> <li>● Difficult walking</li> </ul>	<ul style="list-style-type: none"> <li>● Difficulty recognizing familiar people or places</li> <li>● Convulsions or seizures</li> <li>● Increasing confusion, restlessness or agitation</li> <li>● Unusual behavior</li> <li>● Bleeding or draining or fluid coming from the nose or ears.</li> </ul>

### Instructions For Home

After sustaining a concussion, it is important to provide the best atmosphere for recovery. Please consider the recommendations below to help your child in the healing process.

- Please review the Emergency Signs and Symptoms outlined in the Physician Referral Checklist. If any of these develop, please call 911 or your family physician.
- Things that are OK to do:
  - Take acetaminophen (Tylenol)
  - Use ice packs on head or neck as needed for comfort
  - Eat a light diet
  - Go to sleep (rest is important to aid the recovery process)
  - Wake up/recheck athlete only when experiencing moderate-severe symptoms
  - Return to school
- Things that should not be allowed:
  - Drive a vehicle



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- Watch TV or play video games (including cell phones)
- Read, write, or text
- Listen to music, talk on telephone
- Use a computer
- Bright lights/loud noises
- Strenuous activity or sports
- Drink alcohol
- Have the student report to the Athletic Training Clinic before school the next day for a follow up.

### **Physician Release**

Any student suspected of sustaining a concussion must be evaluated and released by a licensed physician. The student must also successfully complete the return-to-play protocol and post-concussion SCAT 5 testing as defined by the Seguin ISD Concussion Oversight Team. In addition, the athlete and parent/guardian will be required to sign return-to-play authorization forms.

### **Concussion Management**

The cornerstone of concussion management is physical and cognitive rest until symptoms resolve and then a gradual program of exertion prior to medical clearance and return to play. During the period of recovery, while symptoms are still present, it is important to emphasize to the athlete that physical and cognitive rest is required. ***If you notice any change in behavior, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, please contact an Athletic Trainer and transport to the nearest hospital emergency department immediately.***

### **Return to Play Protocol**

The return-to-play protocol following a concussion follows a progressive process as outlined on the following page. With this progression, the athlete should continue to proceed to the next level if asymptomatic at the current level. Generally, each step should take 24 hours so that an athlete would take approximately one week to proceed through the full rehabilitation protocol once they are cleared by a physician to do so. If any post-concussion symptoms occur while in the return-to-play program, the athlete will wait 24 hours after the symptoms subside and then start the progression again at the same level they experienced symptoms.

### **Neurocognitive Testing**

Seguin ISD utilizes a modified SCAT 5 as their concussion management and testing tool. For more information, reach out to the athletic trainer.



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## Seguin ISD Concussion Management Protocol Return to Play Requirements

In accordance with Chapter 38 of the Education Code, Subchapter D, the Seguin ISD Concussion Oversight Team has developed a protocol for managing and responding to student concussions which occur during school athletic games or practices. This protocol involves a multidiscipline approach requiring athletic trainer clearance, physician evaluation and clearance, and successful completion of a progressive program of physical activity prior to a student returning to practice or play. The injured athlete must successfully complete all required steps in order to return to sport activity following the force or impact believed to have caused a concussion.

The student will be monitored daily at school by the athletic trainer and/or school nurse. The student's teachers will be notified of the injury and what to expect or what symptoms to look for. Accommodations may be considered according to physician recommendations and observations of the student's behavior while at school.

**Phase 1: Must be completed before initiating Phase 2 progressive program of physical activity Evaluation and Certification by Treating Physician.** A student removed from athletic practice or competition on suspicion of having suffered a concussion, including those initially referred to an emergency department, are required to be evaluated by a physician of the student's or parent's choice. *The treating physician must provide a written statement indicating that the student is symptom-free and may safely return to play.* Prior to evaluation by the treating physician, or as soon thereafter as possible, a copy of this document: Seguin ISD Return to Play Guidelines shall be provided to the physician.

**Timing of Initiation of Physical Activity.** A student must be symptom free for a full 24 hour period before engaging in any physical activity.

**Asymptomatic Prior to Physical Activity.** A student must be asymptomatic at rest and exertion, as observed by the athletic trainer and/or school nurse, prior to engaging in any physical activity.

**Phase 2: Once Phase 1 has been completed, as determined by the District Athletic Trainer, the student will begin a progressive, step-by-step program of physical activity, monitored by the**



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athletic trainer and/or school nurse. The progressions will advance at the rate of one step per day, as follows:

Step 1: Light aerobic exercise (5-10 minutes) – exercise bike, or a light jog; no weight lifting, resistance training, or any other exercise.

Step 2: Moderate aerobic exercise (15-20 minutes) – running at moderate intensity in the gym or on the field without a helmet or other equipment.

Step 3: Non-contact training drills in full uniform; may begin weight lifting, resistance training, and other exercises.

Step 4: Full contact practice or training.

Step 5: Full game play.

\*\*A student's progression through the 5 steps of physical activity continues as long as the student is asymptomatic at each activity level. If the student experiences, or the monitor observes, signs of any post concussion symptoms, the student must be re-evaluated by a licensed healthcare professional. The student will not be permitted to resume physical activity until he/she is again released to return to play by a licensed healthcare professional.

### **Phase 3: Return to Play**

Once the student has completed Phase 1 and Phase 2 successfully, and without exhibiting post-concussion signs or symptoms, he/she may return to sport activity with no restrictions only after the District Athletic Trainer has certified completion of all requirements on the Return to Play Form.

### **Contact Information:**

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## Seguin ISD Concussion Management Protocol Completion of Return to Play Requirements

This document serves as verification of the student's completion of Phases 1 and 2 of the Seguin ISD Return to Play Requirements, as completed by \_\_\_\_\_, District Athletic Trainer.

**PHASE 1:**

- Student has been evaluated by treating physician; a written statement of the treating physician certifying that the student may safely return to play has been received by the district;
- Student has been symptom free for 24 consecutive hours;
- Student must be asymptomatic at rest and exertion, as observed by athletic trainer and/or school nurse, prior to initiating physical activity.

**PHASE 2:**

Steps of Progressive Physical Activity	Symptom Free	Symptom Present	Date / Initial
<b>Step 1:</b> Light aerobic exercise (bike, light jog) for 5-10 minutes. NO weight lifting, resistance training, or any other exercise			
<b>Step 2:</b> Moderate aerobic exercise for 15-20 minutes. Running at moderate intensity without a helmet or other equipment.			
<b>Step 3:</b> Non-contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises.			
<b>Step 4:</b> Full contact practice or training			
<b>Step 5:</b> Return to full game play.			

I understand the dangers related with returning to play too soon after a concussion. I certify that my student, named below, has successfully completed the Seguin ISD Return to Play Protocol, and I give my permission for him/her to return to sport activity.

**Student Name (Printed)** \_\_\_\_\_ **Student ID#** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Name (Printed)** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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## Seguin ISD Concussion Management Protocol Return to Play Form

*This form must be completed and returned to the District Athletic Trainer.*

\_\_\_\_\_  
Student Name *(Please Print)*

\_\_\_\_\_  
School Name *(Please Print)*

**Parent/legal guardian signs and certifies that he/she:**

- Acknowledges that the following documents have been provided:
  - The Seguin ISD Return to Play Requirements; and
  - The immunity provisions under Texas Education Code section 38.159.
- Has been informed concerning and consents to the student participating in returning to play in accordance with the return to play protocol established by the Concussion Oversight Team.
- Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol.
- Consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement, as described above, and any return to play recommendations of the treating physician.
- Understands the immunity provisions under Section 38.159 of the Texas Education Code.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Name *(Please Print)*

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**The District Athletic Trainer verifies as follows:**

- The student has been evaluated by a treating physician selected by the student, their parent or other person with legal authority to make medical decisions for the student.
- The school has received a written statement from the treating physician indicating that, in the physician's professional judgment, it is safe for the student to return to play.
- The student has completed the Return to Play protocol established by the school district Concussion Oversight Team, which the parent/legal guardian has acknowledged.

As of this date the student has completed all requirements of the Concussion Management Protocol and Return to Play Guidelines, and may resume regular physical activity.

\_\_\_\_\_  
Signature of Athletic Trainer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Athletic Trainer *(Please Print)*



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### Authorization for the Release of Medical Information

The Family Educational Right to Privacy Act of 1974 (FERPA) is a federal law that governs the release of a student's educational records, including personal identifiable information (name, address, social security #, etc.) from those records. Medical information is considered a part of a student athlete's educational record. Also, the Health Insurance Portability and Accounting Act of 1996 (HIPAA) allows the disclosure of information from treating physicians.

This authorization permits the athletic trainers, teams physicians, and athletic staff (including coaches) of Seguin ISD to disclose information concerning my medical status, medical condition, injuries, prognosis, diagnosis, and related personal identifiable health information to the authorized parties listed below. This information includes injuries or illnesses relevant to past, present, or future participation in athletics.

The purpose of a disclosure is to inform the authorized parties of the nature, diagnosis, prognosis or treatment concerning my/my student's medical condition and any injuries or illnesses. I understand once the information is disclosed it may be subject to re-disclosure to authorized individuals.

I understand that Seguin ISD will not receive compensation for its disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment. I may inspect or copy any information disclosed under this authorization.

I understand that I may revoke this authorization at any time by providing written notification to the Athletic Trainers at the high school. I understand revocation will not have any effect on actions Seguin ISD has taken in reliance on this authorization prior to receiving the revocation. This authorization expires six (6) years from the date signed.

**Student Name** (*Printed*) \_\_\_\_\_ **Student ID#** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Name** (*Printed*) \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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