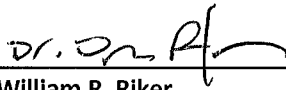


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No. 123.1-AR  
EAST STROUDSBURG AREA  
SCHOOL DISTRICT

  
William R. Riker

Superintendent

10-23-23  
Effective Date

ADMINISTRATIVE REGULATION

## East Stroudsburg Area School District Athletic Concussion Management Protocol

This protocol follows the recommendations and guidelines from the East Stroudsburg Area School District Board Policy 123.1 and the 6th International Conference on Concussion in Sport held in Amsterdam, 2022. The Consensus Statement on Concussion in Sport, which resulted from the 6th international conference on concussion in sport, defines sport-related concussion as follows:

***Sport-related concussion is a traumatic brain injury caused by a direct blow to the head, neck or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise-related activities. This initiates a neurotransmitter and metabolic cascade, with possible axonal injury, blood flow change and inflammation affecting the brain. Symptoms and signs may present immediately, or evolve over minutes or hours, and commonly resolve within days, but may be prolonged.***

***No abnormality is seen on standard structural neuroimaging studies (computed tomography or magnetic resonance imaging T1- and T2-weighted images), but in the research setting, abnormalities may be present on functional, blood flow or metabolic imaging studies. Sport-related concussion results in a range of clinical symptoms and signs that may or may not involve loss of consciousness. The clinical symptoms and signs of concussion cannot be explained solely by (but may occur concomitantly with) drug, alcohol, or medication use, other injuries (such as cervical injuries, peripheral vestibular dysfunction) or other comorbidities (such as psychological factors or coexisting medical conditions).***

It is important to recognize that many sport related concussions (SRC) DO NOT result in loss of consciousness and, therefore, all suspected head injuries should be taken seriously. Since a concussed athlete may be trying to hide or may not be aware of their condition, coaches, parents, and fellow teammates can be helpful in identifying those who may potentially have a concussion.

The East Stroudsburg Area School District Athletic Concussion Protocol is as follows:

1. All East Stroudsburg Area School District (ESASD) student-athletes and their parent(s)/guardian(s) must read and sign off on the following documents each school year related to the Risk of Concussion and Traumatic Brain Injury:
  - a. Section 3 of the PIAA CIPPE form
  - b. ESASD Concussion Management Protocol
2. All ESASD coaches (head, assistant, and volunteer) must do the following each year prior to the start of their sports season:
  - a. Complete the ConcussionWise educational video presented by Sports Safety International ([www.sportsafetyinternational.org/coaches](http://www.sportsafetyinternational.org/coaches)). A certificate of completion must be printed out and submitted to the athletic office prior to the start of the athletic season.
  - b. Review the ESASD Concussion Management Protocol.
3. ESASD student-athletes will take an Impact baseline test prior to the first competition date of their sport. Student-athletes in grades 7 and 8 will take the baseline annually. Student-athletes, beginning in grade 9,

will take the baseline bi-annually. Any new athlete, being a transfer or first time playing, will take the baseline as appropriate.

4. ImPact baseline testing may be done in person or asynchronously at home. ESASD and/or the St. Luke's athletic trainers will provide instructions for taking the ImPact test asynchronously via email and handouts.
5. Student-athletes who return a failed ImPact test will retake the baseline test under an athletic trainer's direct supervision.
6. A student athlete with a suspected concussion will be removed from athletic activity for the remainder of that practice/event and will be encouraged to seek medical attention.
7. A student-athlete suspected of a concussion will be evaluated by medical personnel trained in acute concussion management (i.e. ESASD and/or St. Luke's athletic trainer) using a sideline assessment tool such as the SCAT 6. If a St. Luke's University Health Network team physician is present, the student athlete will be evaluated by the physician.
8. Parents and or guardians of the student athlete must be called as soon as possible. Athletes presenting concussion signs and symptoms will be referred to a physician. Parents and/or guardians will be informed of the signs and symptoms of a concussion (refer to CDC fact sheet for parents) and any other guidance that may be associated with acute concussion care.
9. Parents and/or guardians as well as coaches are not expected to be able to "diagnose" a concussion. Only appropriate health care professionals that are trained in recognition and management of concussions may do so. Parents and coaches must BE AWARE of signs, symptoms, and behaviors of a possible concussion. WHEN IN DOUBT, SIT THEM OUT!
10. If it is suspected that an athlete has sustained a concussion, the "Heads-Up" four step action plan will be followed. This includes all in-season PIAA sports as well as any off-season concussions that are brought to the ESASD and St. Luke's medical staffs' attention:
  - a. Remove athlete from play.
  - b. Inform the athlete's parents and/or guardians about the possible concussion and give them the necessary information on the concussion, i.e. CDC Heads Up Fact Sheet for Parents (2).
  - c. The athlete is to be encouraged to be evaluated by an appropriate health care professional.
  - d. Keep the athlete out of play the day of the injury and until clearance is given by an appropriate health care professional.
11. The student-athletes parent(s)/guardian(s) will be contacted regarding their student-athlete's potential concussion. ESASD athletic trainer(s) and St. Luke's athletic trainer(s) will contact the student athlete's parents if the potential concussion occurs at an ESASD facility. If a potential concussion occurs at an away event, the coach should request the host school's athletic trainer contact the student-athletes parent(s)/guardian(s) regarding the injury.
12. If it is suspected that a student-athlete has sustained a concussion, the student-athlete will not be allowed to drive themselves home. This is due to the potential for further neuro-cognitive symptoms worsening or developing while travelling.
13. Student-athletes with a suspected concussion will be referred for further medical care. As per Pennsylvania Interscholastic Athletic Association (PIAA) sports medicine guidelines, the student-athlete is to be cleared by an MD/DO. The appropriate school nurse will be notified by ESASD and/or St. Luke's athletic trainers regarding the suspected concussion.
14. The student-athlete (grades 7-12) will take a post injury ImPact test under the supervision of an ESASD or St. Luke's athletic trainer. This preferably will occur within 24-72 hours of the initial concussive injury. Additional post-injury ImPact tests may be ordered at the direction of the student-athlete's attending physician prior to full athletic clearance or continuation of the Return to Sport protocol.

15. Return to learn for the student-athlete will be guided by one or more of the following, the student-athlete's building nurse, guidance department, teachers, and attending physician (MD/DO).
  - a. Academic accommodations may be necessary until the concussion has been resolved.
16. As put forth for the 6<sup>th</sup> International Conference in Concussion in Sport, the Return to Sport (RTS) protocol is as follows. This RTS may begin at Step 1 within 24 hours of injury with each subsequent step progressing 24 hours at a minimum. Steps 4-6 may not begin until symptom resolution and a full clearance for athletics has been obtained from the student athlete's attending physician (MD/DO) and/or a concussion care specialist center.

**Return-to-sport (RTS) strategy—each step typically takes a minimum of 24 hours**

Step	Exercise strategy	Activity at each step	Goal
1	Symptom-limited activity	Daily activities that do not exacerbate symptoms (e.g., walking).	Gradual reintroduction of work/school
2	Aerobic exercise <b>2A—Light</b> (up to approximately 55% maxHR) then <b>2B—Moderate</b> (up to approximately 70% maxHR)	Stationary cycling or walking at slow to medium pace. May start light resistance training that does not result in more than mild and brief exacerbation* of concussion symptoms.	Increase heart rate
3	Individual sport-specific exercise Note: If sport-specific training involves any risk of inadvertent head impact, medical clearance should occur prior to Step 3	Sport-specific training away from the team environment (e.g., running, change of direction and/or individual training drills away from the team environment). No activities at risk of head impact.	Add movement, change of direction
Steps 4–6 should begin after the resolution of any symptoms, abnormalities in cognitive function and any other clinical findings related to the current concussion, including with and after physical exertion.			
4	Non-contact training drills	Exercise to high intensity including more challenging training drills (e.g., passing drills, multiplayer training) can integrate into a team environment.	Resume usual intensity of exercise, coordination and increased thinking
5	Full contact practice	Participate in normal training activities.	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal game play.	

- **\*Mild and brief exacerbation of symptoms (i.e., an increase of no more than 2 points on a 0–10-point scale for less than an hour when compared with the baseline value reported prior to physical activity). Athletes may begin Step 1 (i.e., symptom-limited activity) within 24 hours of injury, with progression through each subsequent step typically taking a minimum of 24 hours. If more than mild exacerbation of symptoms (i.e., more than 2 points on a 0–10 scale) occurs during Steps 1–3, the athlete should stop and attempt to exercise the next day. Athletes experiencing concussion-related symptoms during Steps 4–6 should return to Step 3 to establish full resolution of symptoms with**

exertion before engaging in at-risk activities. Written determination of readiness to RTS should be provided by an HCP before unrestricted RTS as directed by local laws and/or sporting regulations.

- HCP, healthcare professional; maxHR, predicted maximal heart rate according to age (i.e., 220-age).

East Stroudsburg Area School District certified athletic trainers as well as St. Luke's University Health Network team physicians and/or certified athletic trainers as well as the reserve the right to hold an athlete out of play if the student athlete is still showing or reporting clinical signs and/ or symptoms of a concussion.

#### References

Davis, G. A., Patricios, J., Schneider, K. J., Iverson, G. L., & Silverberg, N. D. (2023). Definition of sport-related concussion: The 6th International Conference on Concussion in Sport. *British Journal of Sports Medicine*, 57(11), 617–618. <https://doi.org/10.1136/bjsports-2022-106650>

[https://www.cdc.gov/headsup/pdfs/youthsports/parent\\_athlete\\_info\\_sheet-a.pdf](https://www.cdc.gov/headsup/pdfs/youthsports/parent_athlete_info_sheet-a.pdf)

[http://www.piaa.org/assets/web/documents/Handbook%20-%20Section%20%20IV%20-%20Sports%20Medicine\(1\).PDF](http://www.piaa.org/assets/web/documents/Handbook%20-%20Section%20%20IV%20-%20Sports%20Medicine(1).PDF)

**EAST STROUDSBURG AREA SCHOOL DISTRICT CONCUSSION  
MANAGEMENT PROTOCOL STUDENT-ATHLETE AND  
PARENT/GUARDIAN FORM**

- I am aware of the Risk of Concussion and Traumatic Brain Injury as defined in Section 3 of the current PIAA CIPPE form and the ESASD Concussion Management Protocol
- I am aware that student-athletes in grades 7-12 will take an Impact baseline test prior to the first competition date of their sport.
- I am aware that a return to sport clearance note from an MD/DO and/or concussion specialty center as well as the completion of the stepwise Return to Sport protocol are required for my student-athlete to return to competition.
- I am aware that if a student-athlete experiences concussion-related symptoms after a bump, blow, or jolt to the head or body, the parent(s)/guardian(s) will be contacted. I am also aware that the student-athlete will not be permitted to drive home.
- I am aware that a clearance note by a physician/designee is required for return to play for all athletic injuries to include by not limited to concussions

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Signature of Student-Athlete

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Print Name of Student-Athlete

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Print Name of Parent/Guardian

\_\_\_\_\_

Date

## EAST STROUDSBURG AREA SCHOOL DISTRICT CONCUSSION MANAGEMENT PROTOCOL COACHES' FORM

I am aware that I must complete the ConcussionWise concussion training course offered by Sports Safety International ([www.sportsafetyinternational.org/coaches](http://www.sportsafetyinternational.org/coaches)). A certification of completion must be printed out and submitted to the athletic office prior to the start of the athletic season.

### “Safety and Youth Sports Act”

States the Following:

1. Requires removal from play when student-athlete exhibits signs of symptoms of a concussion or traumatic brain injury.
2. Prohibits returning a student-athlete to play until evaluated and cleared by an “appropriate medical professional”.
3. Coaches are required to complete the concussion management certification training course (annual recertification).

\* I am aware that student-athletes grades 7-12 will take an ImPact baseline test prior to the first competition date of their sport.

\*I am aware that the student-athlete must be cleared by an MD/DO and/or concussion specialty center as well as complete the stepwise return to sport protocol as defined under the ESASD Concussion Management Protocol.

\*I am aware that if a student-athlete experiences concussion-related symptoms after a bump, blow, or jolt to the head or body, the student-athlete will not be able to drive themselves home and parent(s)/guardian(s) must be contacted.

\*I am aware that a clearance not by a physician/designee is required for return to play for all athletic injuries to include but not limited to concussions,

\*In accordance with Board Policy 123.1, *Concussion Management*, I am aware that if I am in violation of protocol related to removal of play and return to play for my student-athletes, I shall be subject to the following penalties:

1. **First Violation** - suspension from coaching any athletic activity for the remainder of the season
2. **Second Violation** - suspension from coaching any athletic activity for the remainder of the season and for the next season.
3. **Third Violation** - permanent suspension form coaching any athletic activity

Sport: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_