Timberlane Regional School District Guidelines for Concussion Management and Head Injuries of Student Athletes

The NH Senate has adopted SB 402 effective August 17, 2012. This law is relative to the adoption of policies for the management of concussion and head injuries in student sports. Timberlane Regional School District uses the definitions as outlined by the law:

- Health care provider means a person who licensed, certified or otherwise statutorily authorized by the state to provide medical treatment and is trained in the evaluation and management of concussions.
- School Property means school property as defined in RSA 193- D:1, V.
- Student athlete means a student in grades 4-12 involved in school-sponsored student sports.
- Student sports mean athletic programs for students in grades 4-12.

Information and Education

On an annual basis, Timberlane Regional School District distributes information about concussions and head injury to all student athletes. Information about concussions and head injuries is also shared with student athlete's parents and guardians via school websites and sports informational nights offered by the Athletic Department. This information is used to inform and educate student athletes, parents and guardians, and coaches on the risk of concussion and head injury including continuing to play after a suspected concussion or head injury.

Return to Play

The Timberlane Regional School District contracts with an outside organization for Athletic Trainer services. A student athlete must be immediately removed from practice or a game if he/she is suspected of having sustained a concussion or head injury. The following individuals are authorized to render the decision to remove the student from play or practice: coaches, officials, or health care providers as defined above.

Timberlane uses the following guidelines for the return to play of student athletes. The Timberlane Regional School District utilizes the NHIAA Return to Play Protocol. Return to Play is a process and not an immediate return to game activity.

- A student athlete who has been removed from play shall not return to play on the same day or until he or she has been evaluated by a health care provider and receives medical clearance and written authorization from that health care provider to return to play. The student athlete shall also present written permission and authorization to return to play from a parent or guardian.
- The student athlete must be Asymptomatic for 24 Hours, and if impact testing has been done, returned to baseline or normative data.

NHIAA Medical Clearance RTP Protocol

- 1. No exertional activity until asymptomatic.
- 2. When the athlete appears clear, begin low impact activity such as walking, stationary bike, etc.

3. Initiate aerobic activity fundamental to specific sport such as skating or running, and may also begin progressive strength training activities.

- 4. Begin non-contact skill drills specific to sport such as dribbling, fielding, batting, etc.
- 5. Full contact in practice setting.
- 6. If athlete remains asymptomatic, he or she may return to game/play.

A. ATHLETE MUST REMAIN ASYMPTOMATIC TO PROGRESS TO THE NEXT LEVEL.

B. IF SYMPTOMS RECUR, ATHLETE MUST RETURN TO PREVIOUS LEVEL.

C. MEDICAL CHECK SHOULD OCCUR BEFORE CONTACT.

At any time during the process, if the student athlete experiences any signs or symptoms of concussion, the process is stopped and the cycle will revert back to the last step that was asymptomatic. The process does not begin again until the individual is asymptomatic for 24 hours.

Timberlane Regional School District SPORTS RELATED CONCUSSION MEDICAL CLEARANCE AND PARENTAL PERMISSION TO BEGIN "RETURN TO PLAY" PROTOCOL FORM

Date of Birth:	Grade:	$\underline{\qquad} Gender: \Box male, or \Box femal$	e
Name of health care provid	ler:		(Please print)
Address of health care provide	der		
I HEREBY ATTEST THA	T I HAVE EVALUATEI	D THE ABOVE-NAMED STUDENT-	ATHLETE FOR A
SUSPECTED HEAD INJU	RY OR CONCUSSION	AND ATTEST THAT THE STUDEN	T IS MEDICALLY
CLEARED.			
Health Care Provider's Signa	ature:	Date:	
I HEREBY AUTHORIZE	THE ABOVE NAMED S	TUDENT-ATHLETE FOR "RETUR	N TO PLAY"
PROTOCOL TO BEGIN	N EACH STUDENT SPO	ORT ACTIVITY IDENTIFIED ABO	VE.

Date:

I attest that I am licensed, certified, or otherwise statutorily authorized by the state to provide medical treatment and am trained in the evaluation and management of concussions.

If the health care provider does not complete this form, attach a copy of the written clearance and authorization for return to play, which is signed and dated by the health care provider.

Parent/ Guardia	an Name:
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Phone:

Due to the passage of SB 402, the student athlete must present written permission from a parent or guardian before returning to sport activity. Once written permission is received and the student is medically cleared and authorized to participate in student sport activities by a qualified health provider, the student athlete will begin the "Return to Play" protocol. The "Return to Play" protocol requires a minimum of 5 days before full game play can begin for the safety of the student athlete and is outlined below.

NHIAA Medical Clearance RTP Protocol

- 1. No exertional activity until asymptomatic.
- 2. When the athlete appears clear, begin low impact activity such as walking, stationary bike, etc.
- 3. Initiate aerobic activity fundamental to specific sport such as skating or running, and may also begin progressive strength training activities.
- 4. Begin non-contact skill drills specific to sport such as dribbling, fielding, batting, etc.
- 5. Full contact in practice setting.

6. If athlete remains asymptomatic, he or she may return to game/play.

A. ATHLETE MUST REMAIN ASYMPTOMATIC TO PROGRESS TO THE NEXT LEVEL.

B. IF SYMPTOMS RECUR, ATHLETE MUST RETURN TO PREVIOUS LEVEL.

C. MEDICAL CHECK SHOULD OCCUR BEFORE CONTACT.

At TRMS and TRHS, all steps must be approved, guided and progressed by the athletic trainer. If the student athlete's symptoms return, he/she will return to the previous step where he/she was asymptomatic after again being symptom-free for 24 hours. For the safety of the student athlete, steps may not be skipped or changed. The athletic trainer (or nurse at the elementary school) reserves the right to make the final determination of return to play.

I HEREBY AUTHORIZE THE ABOVE NAMED STUDENT-ATHLETE FOR "RETURN TO PLAY" PROTOCOL TO BEGIN.

Parent/ Guardian Signature: _____ Date: ____