



## PAC Concussion Policy

Concussion is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. True diagnosis of an acute concussion involves the assessment of a range of domains.

**If any of the below listed components/symptoms is present in the athlete following a head injury, a concussion should be suspected and the appropriate management taken.**

Symptoms: headache, confusion, dizziness, blurred vision, inability to focus/concentrate, light and/or noise sensitivity

Physical Signs: loss of consciousness (LOC), amnesia, balance issues

Behavioral Changes: irritability, emotional changes

Cognitive Impairment: slowed reaction times, poor concentration, disorientation

Sleep Disturbances: drowsiness

**If an athlete presents with any one or more of these components, the athletic trainer is to adhere to the following protocols:**

### **On-Field or Sideline Evaluation**

- ✓ The athlete should be medically evaluated on-site using standard emergency management principles.
- ✓ Assess the injury by utilizing the *SCAT3* or *SAC Test* Forms
- ✓ Monitor the athlete's vitals and level of consciousness every five minutes to assess any changes
- ✓ If the athlete presents with a possible concussion, he/she is NOT to return to play for the remainder of that day.

### **Hours Following Concussion – Parent Instructions**

- ✓ If you suspect the athlete has suffered a concussion, he or she should be instructed to get as much rest as possible and limit television, video games, physical activity, and other strenuous brain activities.
- ✓ Athlete should eat a healthy diet and make sure proper hydration is maintained.
- ✓ Although there is no need to wake up every hour, check pupils with a flash light or check reflexes, the athlete should be monitored periodically for significant neurological changes. Parents are to be instructed to look out for any worsening in the signs and symptoms listed above. If the athlete symptoms get worse, parents should take the athlete to the emergency room.
- ✓ **DO NOT** give the athlete **IBRUPROFEN** or **ASPIRIN** at any time during the concussion recovery process. Acetaminophen is acceptable after 24 hours as needed for headache. Please do not provide any pain-relievers within the first 24 hours, as it is important to know if symptoms are worsening.

## Concussion Management

- ✓ The athlete should be re-assessed, using the *Post-Concussion Symptom Score Sheet* every 24 hours following the day of the concussion.
  - Prior to engaging in return to play protocol, the athlete must not be taking any medication for treatment of concussion symptoms.
- ✓ Once the athlete is symptom free for 24 hours and has returned to baseline SAC or SCAT3, the athletic trainer may begin to progress the athlete through gradual return to play protocol as follows:
  - Day 1 - Light aerobic activity: walking, swimming, stationary cycling, light jogging
  - Day 2 - Sport-specific exercise: running
  - Day 3 - Non-contact training drills: sport specific activity (passing drills, cutting, jumping)
  - Day 4 - Full-contact practice: normal training activity with close supervision
  - Day 5 - Following medical clearance by a physician, athlete may resume game play without restrictions.

\*Athletes who have sustained multiple concussions, must be on complete rest for 48-72 hours before progressing to above return to play protocol

**\* The athlete cannot progress to the subsequent step if he has any re-occurrence of symptoms throughout the process and must wait another 24 hours until reattempting, beginning with the first phase of light aerobic activity**

\*Typically each step should take 24 hours.

- ✓ Final clearance to return to play will be made by a Physician.
  - Due to South Carolina state legislation, an athlete is required to be cleared through a physician prior to returning to unrestricted play.

## Breakdown

1. The athlete should be medically evaluated on-site using standard emergency management principles.
  - a. Assess the injury by utilizing the *SCAT3* or *SAC Test* Forms
  - b. Monitor the athlete's vitals and level of consciousness every five minutes to assess any changes
2. If the athlete presents with a possible concussion, he/she is NOT to return to play for the remainder of that day.
3. The athlete should be re-assessed, using the *Post-Concussion Symptom Score Sheet* every 24 hours following the day of the concussion.
4. Once the athlete is symptom free for 24 hours and has returned to baseline SAC or SCAT3, the athletic trainer may begin to progress the athlete through gradual return to play protocol
5. Final clearance to return to play will be made by a Physician.