Sec. 1) FOUNDATIONAL RECOMMENDATIONS

a) The treatment of concussions and suspected concussions should be conducted within the recommended protocols and procedures of the Consensus Statement on Concussion in Sport: The 3rd International Conference on Concussion in Sport held in Zurich, November 2008.

Sec. 2) SUSPECTED CONCUSSION

a) A student-athlete suspected by an interscholastic coach, school athletic personnel or contest official of sustaining a concussion (displaying signs/symptoms of a concussion) during an athletic practice or contest shall be removed from practice or play immediately. The student-athlete shall not return to play prior to the ending of practice or competition until the student-athlete is evaluated to determine if a concussion has occurred.

b) A physician or licensed health care provider whose scope of practice and training includes the evaluation and management of concussions and other brain injuries is empowered to make the on-site determination that a student-athlete has or has not been concussed. This will generally include an MD (Medical Doctor), DO (Doctor of Osteopathy), PA (Physician’s Assistant), ARNP (Advanced Registered Nurse Practitioner), ATC (Certified Athletic Trainer); or LAT (Licensed Athletic Trainer). This may also include other licensed health care providers with the proper scope of practice and training whose qualifying credentials have been made known to member school personnel in advance and who have completed approved training.

c) The player should be medically evaluated on site using standard emergency management principles, and particular attention should be given to excluding a cervical spine injury. The appropriate disposition of the player must be determined by the treating health care provider in a timely manner. Once the first aid issues are addressed, then an assessment of the concussive injury should be made using the SCAT2 or other similar tool. The player should not be left alone following the injury, and serial monitoring for deterioration is essential over the initial few hours following injury.

d) If any one of these individuals listed in (b) answers that “yes”, there has been a concussion, that decision is final and is not appealable.

e) If medical coverage by a person empowered to make the concussion assessment is not on site, and signs/symptoms of concussion have been observed, a concussion is presumed until such evaluation can be performed. If no health care provider is available, the player should be safely removed from practice or play and urgent referral to a physician arranged.

f) No student-athlete may return to practice or play in interscholastic athletics that day in that event that a concussion is diagnosed or presumed.

g) A student-athlete may return to play at the time of a suspected concussion if it is determined by appropriate medical personnel that no concussion has occurred.

Sec. 3) ROLE OF COACHES IN ADMINISTERING THE POLICY

a) Coaches are to be current in their certification regarding the KMA/KHSAA sports Safety Course, including the specific segment(s) related to identifying the signs and symptoms of concussions.

b) Coaches must review and know the signs and symptoms of concussion and direct immediate removal of any student-athlete who displays these signs or symptoms for evaluation by appropriate medical personnel.

c) Coaches have no other role in the process with respect to diagnosis of concussion or medical treatment.

d) It remains the ultimate responsibility of the coaching staff in all sports to ensure that players are only put into practice or contests if they are physically capable of performing.

Sec. 4) ROLE OF CONTEST OFFICIALS IN ADMINISTERING THE POLICY

a) Officials are to review and know the signs and symptoms of concussion and direct immediate removal of any student-athlete who displays these signs or symptoms.

b) Officials have no other role in the process with respect to diagnosis of concussion or medical treatment.

Sec. 5) RETURN TO PLAY POLICY FOR A STUDENT-ATHLETE RECEIVING A CONCUSSION, AFTER THE MANDATORY REMOVAL THAT DAY

a) Once a concussion has been diagnosed (or presumed by lack of examination by an appropriate health care provider), only an MD or DO can authorize return to play on a subsequent day, and such shall be in writing to the administration of the school.

b) Such approval should not be given unless a stepwise protocol has been observed by all practitioners with separate periods for:

(1) No activity;
(2) Light aerobic exercise;
(3) Sport-specific exercise;
(4) Non-contact training drills;
(5) Full-contact/competition practice; and
(6) Return to normal game play.

c) It is highly recommended that each of these protocol steps be no less than twenty-four hours in length.

d) School administration shall then notify the coach as to the permission to return to practice or play.

e) If an event continues over multiple days, then the designated event physician has ultimate authority over return to play decisions and such return to play may not be prior to the third day following the initial diagnosis and until all steps of the protocol in Section (b) have been followed.