

# Concussion Management for Vermont Schools

Concussion management is a serious issue that faces Vermont schools. With the May 2011 enactment of the **School Sports Concussion Law (Act 58)** and the subsequent Concussion Guidelines authored by the Vermont Department of Education, there are responsibilities placed upon school principals and administration to ensure the safety of Vermont student athletes. This resource is designed to provide you with information regarding these responsibilities and the best practices to abide by the Vermont standards. The three basic tenets of the concussion law and guidelines are:

1. **Education**
2. **Removal from play**
3. **Return to play**

## Education

The Vermont Department of Education concussion guidelines indicate that the principal of each public school, or a designee, shall ensure that:

### *Student-Athlete & Family*

- 1) Each youth athlete and the athlete's parents or guardians are provided with the information shown in Appendix A.
- 2) Each youth athlete and a parent or guardian of the athlete annually sign a form acknowledging receipt of this information and return it to the school PRIOR to the athlete's participation in training or competition associated with a school athletic team (Appendix B).

### *Coaches*

- 1) Each coach of a school athletic team receive training no less frequently than every two years on how to recognize the symptoms of a concussion or other head injury; and
- 2) Each coach who is new to coaching at the school receive training prior to beginning his or her first coaching assignment.



## Removal from Play

Any player suspected of sustaining a head injury must be removed from practice or competition at the time of the injury.

### *Action Plan*

If you suspect a player has a concussion, you should take the following steps:

- 1) Remove athlete from play.
- 2) Do not try to judge the seriousness of the injury yourself. Although Vermont law permits a school to have the student athlete evaluated by any health care provider licensed pursuant to Title 26 and trained in the evaluation and management of concussions and other head injuries; in order to determine if the student athlete may return to play, we suggest that you require that the individual be evaluated by either a medical doctor or osteopathic physician licensed under Title 26. The student athlete's family should be responsible for obtaining written permission for their child to return to play from an appropriate medical provider. We do not recommend that the school accept responsibility for making the determination of fitness to return to play. Please see Appendix C for a Return to Play Form to be signed by treating physicians.
- 3) Inform the athlete's parents or guardians about the known or possible concussion and give them the fact sheet on concussions.

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## Return to Play

An athlete may only return to play following adherence and successful completion of each step of the “Gradual Return to Play Following a Concussive Injury” protocol that was developed by the Fletcher Allen Health Care Concussion Task Force as indicated below:

### Gradual Return to Play Following a Concussive Injury

- This return to play plan should start only when you have been without any symptoms for 24 hours.
- It is important to wait for 24 hours between steps because symptoms may develop several hours after completing a step.
- Do not take any pain medications while moving through **this plan** (no ibuprofen, aspirin, Aleve, Tylenol).
- Make a follow up appointment with your provider if symptoms develop during this progression.
- Intensity levels: 1 = very easy; 10 = very hard.

Step 1: Aerobic conditioning – Walking, swimming, or stationary cycling.

- Intensity: 4 out of 10.
- Duration: no more than 30 minutes.
- If symptoms return, wait until you are symptom free for 24 hours then repeat Step 1.
- No symptoms for 24 hours, move to Step 2.

Step 2: Sports specific drills – skating drills in hockey, running drills in soccer/basketball.

- Intensity: 5 or 6 out of 10.
- Duration: no more than 60 minutes.
- No head impact activities. No scrimmages/potential for contact.
- If symptoms return, wait until you are symptom free for 24 hours then repeat Step 1.
- No symptoms for 24 hours, move to Step 3.

Step 3: Non-contact training drills – include more complex training drills (passing in soccer/ice hockey/basketball. Running specific pattern plays, etc).

- No head contact, or potential for body impact.
- OK to begin resistance training.
- Intensity: 7 out of 10.
- Duration: no more than 90 minutes.
- If symptoms return, wait until you are symptom free for 24 hours then repeat Step 2.
- No symptoms for 24 hours, move to Step 4.

Step 4: Full contact practice.

- Only after medical clearance!
- No intensity/duration restrictions.
- If symptoms return, wait until you are symptom free for 24 hours and repeat Step 3.
- No symptoms for 24 hours, move to Step 5.

Step 5: Full clearance for return to play.