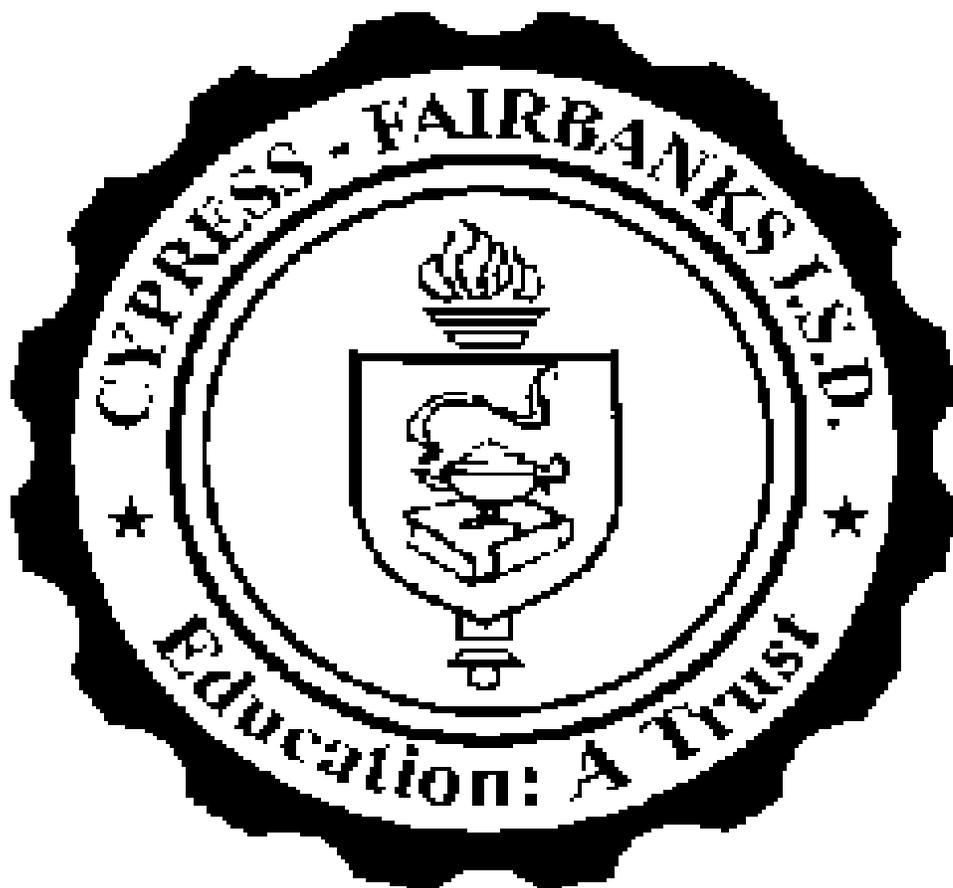


Cypress-Fairbanks Independent School District



**Concussion  
Policy & Procedures  
Handbook**

# Concussion Oversight Team

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# **Cypress-Fairbanks Independent School District**

## **Head Injury Assessment, Prevention, Management, and Return to Play Guidelines**

The following policy, procedures, and guidelines on assessment, prevention, and management of head injuries, as well as return-to-play guidelines have been developed in accordance with Texas's "Natasha's Law" and the goals of CFISD athletics and Health Services to ensure the well-being of each student athlete. The risk of repeated concussions and second impact syndrome is also a concerning factor. These two problems can have long lasting, and even terminal effects, on athletes.

Continuing to play with the signs and symptoms of a concussion leaves athletes especially vulnerable to greater injury. There is an increased risk of significant damage from another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries (including concussions). As a result, education of administrators, coaches, parents, and students is the key for a student athlete's safety.

### **Purpose**

The CFISD Athletic Department recognizes that concussions pose a significant health risk for student athletes. Therefore, the Athletics Department has implemented policies and procedures to deal with the assessment, prevention, management, and return-to-play guidelines for student athletes who have sustained a head injury. In addition, the Athletics Department also recognizes the importance of baseline testing on student athletes who participate in sports that are recognized as contact or collision sports and/or who have a history of concussions upon entering athletic participation in CFISD. CFISD utilizes ImPACT™ concussion management system for neurocognitive testing on high school athletes. The baseline data along with physical exam, symptom scaling, follow up testing, and a gradual return-to-play protocol will all be used in conjunction with sound clinical judgment and on an individual basis to determine when it is safe for an athlete to return to competition.

## Prevention

In an effort to reduce the number of head injuries in CFISD the district insists that “safety comes first.” The following procedures will be used as a guideline to assist in the prevention of head injuries.

- Solicit accurate information from parents/guardians on physical form;
- Teach and practice safe playing techniques;
- Teach athletes the dangers of playing with a concussion;
- Solicit acknowledgment from parents/guardians that they have reviewed the concussion information provided by UIL;
- Encourage athletes to follow the rules of play and to practice good sportsmanship at all times;
- Ensure athletes wear the right protective equipment for their activity (such as helmets, padding, and mouth guards);
- Ensure all headgear is NOCSAE certified;
- Ensure headgear fits the individual, and is secured properly to the individual;
- Ensure that for all sports that require headgear, a coach or appropriate designee checks headgear before use to verify air bladders are functional and are appropriately filled; and
- Verify padding is in proper working condition before use.

Although all head injuries cannot be prevented, CFISD is working proactively in order to reduce the number and severity of head injuries that do occur.

## Reporting Head Injuries

It is important that the student athlete/ parent report all head injuries received to the athletic trainer/ middle school coach. This includes any head injury that occurs out of the school environment. It is important that any head injuries be reported before a student engages in physical activity.

## Athletic Venue Evaluation

In all cases in which a head injury is suspected the athlete will be removed from athletic participation and an **initial assessment** will take place. The initial assessment will utilize the CFISD Concussion Management Card. Following the initial assessment, the need for further medical evaluation will be determined in accordance with “Tasha’s Law.” The athlete will **NOT** be allowed further participation on the day of injury. CFISD Home Instructions for Head Injury will be provided, and parents/guardians will be contacted.

## **Health Care Professional Evaluation**

Evaluation by Health Care Professionals should include a neurological and a functional test. A neurological test should include, but is not limited to, eye movements, pupil response, balance (static and dynamic), hearing, and vision. A functional test should include, but is not limited to, heel toe walking, jogging, and progressive functional activity.

## **School Evaluation**

Any athlete that has sustained a head injury is required to report to the high school athletic trainer or middle school coach daily. High school athletes will be scheduled for a follow-up ImPACT™ testing within a reasonable amount of time. **The athlete's post-injury testing data must be within normal limits before he/she is released to begin activity.** In both situations the school nurse will also be notified.

## **Treatment/ Rehabilitation**

CFISD athletes who sustain a head injury will be instructed to rest, both physically and cognitively. This means that the athlete **WILL** be restricted from athletic participation, and should be restricted from recreational exercise, video games/television viewing, and computer usage, including text messaging.

Additionally, if deemed necessary, teachers will be notified and academic accommodations will be made based on physician recommendations.

## **Follow-up Evaluation**

CFISD athletes who have sustained a head injury will be required to follow the return-to-play guidelines. Athletes will be required to check in with their athletic trainer/ middle school coach daily until cleared by a medical professional. Once cleared by a medical professional, athletes will be required to complete a progressive return-to-activity protocol, and parents and athletes will be required to sign a concussion release. Please keep in mind, that even if an athlete is cleared by a physician, he or she may not return until they pass the progressive return-to-play protocol.

## **Return-To-Play Considerations**

*CFISD is proactive in the prevention, recognition, and management of concussions in order to limit the risk of concussions associated with athletics, as well as to limit the potential catastrophic and long-term risks associated with sustaining a concussion. Therefore the management and return-to-play decisions will remain in the realm of clinical judgment on an individual basis by both the campus athletic trainer/middle school coach and the athlete's physician.*

CFISD protocol following a head injury follows a stepwise progression. The athlete should be released from a physician, have a signed UIL approved return to play parent/ athlete consent form, and be symptom free for 24 hours before beginning this progression. The athlete should complete each level and progress to the next (in 24 hour intervals) if they remain asymptomatic both at rest and with exercise. Should the athlete become symptomatic during the progression, they should drop back to the previous asymptomatic level and try again to progress after a 24 hour period of rest has passed. If the athlete remains symptomatic for an extended period of time the athlete may need to return to the physician.

**Level 1- Light aerobic exercise- 5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training, or any other exercise.**

**Level 2- Moderate aerobic exercise- 15-20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.**

**Level 3- Non- contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises.**

**Level 4- Full contact practice or training.**

**Level 5- Full game play.**

Continued post-concussive symptoms, prior concussion history and any diagnostic testing results along with neurocognitive testing and physical exam, will be utilized by the athlete's physician and campus athletic trainer/middle school coach in establishing a timeline for an athlete's return to activity. It is important to note that this timeline could last over a period of days, weeks, months, or potentially medically disqualify the student from athletics. All cases will be handled on an individual basis.

## **Head Injury Data**

Within seven days of a head injury occurring or being cleared, all information will be reported to the Concussion Oversight Team. A standardized reporting form will be utilized for reporting purposes.

- High School Athletic Trainers will report to the Concussion Oversight Team Chairperson
- Middle School Coaches will report to the Safety Coordinator who will in turn report to the Concussion Oversight Team Chairperson
- Safety Coordinator will follow-up with Middle School Coaches on all head injuries

## **Liability Provisions**

The creation of this policy and procedures handbook does not, in any way:

- Waive statutory or common law immunity from liability of CFISD, or of its officers or employees;
- Create liability for a cause of action against CFISD or against its officers or employees; Waive immunity from liability under Section 74.151, Civil Practice and Remedies Code; or
- Create liability for a member of a concussion oversight team arising from the injury or death of a student participating in an interscholastic athletics practice of competition, based solely on service on the concussion oversight team.

# Concussion Management Card

	
<h2>CFISD</h2> <p>Concussion Management Card</p>	
<h3>Possible Signs and Symptoms Evaluation</h3>	
<p><b>Signs Observed by Staff</b></p> <ul style="list-style-type: none"> <li>• appears to be dazed or stunned</li> <li>• is confused about assignment</li> <li>• forgets plays</li> <li>• is unsure of game, score, or opponent</li> <li>• moves clumsily</li> <li>• answers questions slowly</li> <li>• loses consciousness (even temporarily)</li> <li>• shows behavior or personality change</li> <li>• forgets events prior to hit (retrograde)</li> <li>• forgets events after hit (anterograde)</li> </ul>	<p><b>Symptoms Reported by Athlete</b></p> <ul style="list-style-type: none"> <li>• headache</li> <li>• nausea</li> <li>• balance problems or dizziness</li> <li>• double or fuzzy vision</li> <li>• sensitivity to light or noise</li> <li>• feeling sluggish</li> <li>• feeling “foggy”</li> <li>• change in sleep pattern</li> <li>• concentration or memory problems</li> </ul>
<p><b>Symptoms may worsen with exertion or become present over time.</b>  <b>Any failure should be considered abnormal.</b></p>	

<h2>On-Field Cognitive Testing</h2>
<p><b>Orientation</b></p> <ul style="list-style-type: none"> <li>• When did the headache start?</li> <li>• What stadium/school is this?</li> <li>• Who is the opposing team?</li> <li>• What month is it?</li> <li>• What day is it?</li> </ul>
<p><b>Anterograde Amnesia</b>            Ask the athlete to repeat three words.            Ex. Girl, Dog, Green      Ex. Ball, Red, School</p>
<p><b>Retrograde Amnesia</b>            Ask the athlete the following questions.</p> <ul style="list-style-type: none"> <li>• Do you remember what happened?</li> <li>• When was the last time you ate?</li> <li>• What did you have to eat last?</li> <li>• What quarter/period are we in?</li> <li>• What is the score of the game?</li> </ul>
<p><b>Concentration</b>            Ask the athlete to do the following.</p> <ul style="list-style-type: none"> <li>• Repeat the days of the week backward (starting with today).</li> <li>• Repeat series of numbers backward:</li> </ul> <p>Ex. 419 (914 is correct)    6385 (5836 is correct)</p>
<p><b>Word List Memory</b>            Ask the athlete to repeat the three words from earlier            Ex. Girl, Dog, Green      Ex. Ball, Red, School</p> <p style="text-align: center;"><b>Any failure should be considered abnormal.</b>  <b>Consult a physician following a suspected concussion.</b></p>

# CFISD Home Instructions for Head Injury

\_\_\_\_\_ (athlete name) received a head injury, commonly called a concussion on \_\_\_\_\_ (date) while participating in an athletic event. The following are instructions for this person's care over the next few days.

- Do not drive a vehicle
- Rest, No physical activity (full cognitive rest)
- No TV/ Video Games/ Computer/ Text Messaging
- Do not take Aspirin or Ibuprofen (Advil or Motrin)
- Tylenol (Acetaminophen) may be acceptable
- You may sleep, but should be checked on periodically if exhibiting moderate to severe symptoms

*Signs and symptoms of a closed head injury do not always present until hours or sometimes days after the initial trauma. Do to this fact; you should be aware of possible signs and symptoms that indicate a significant head injury including but not limited to the following.*

- Persistent or repeated vomiting
- Convulsions/ seizure
- Difficulty seeing
- Any peculiar movements of the eyes, or one pupil is larger than the other
- Restless, irritability, or drastic changes in emotional control
- Difficulty walking
- Difficulty speaking or slurred speech
- Progressive or sudden impairment of consciousness
- Bleeding or drainage of fluid from the nose or ears
- Any other abnormal behavior and/or sign or symptom

**If any of the above occurs call an ambulance or take the athlete to the hospital Emergency Room.**

**Emergency Phone Numbers: EMS- 911**

**Athletic Training Room:** \_\_\_\_\_ **Athletic Trainer:** \_\_\_\_\_

**Parent/ Guardian Contact:** Yes  No  **Notes:** \_\_\_\_\_

*CFISD athletes who have sustained a concussion will be required to follow up with their licensed athletic trainer or middle school coach each day until cleared by a physician. Although cleared by a physician, the athlete must still pass the (progressive return to play) protocol before they will be considered for release to full activity. (HB 2038, Tasha's Law)*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Cypress Fairbanks ISD Return to Play Guidelines

## Information for Treating Physician

Cypress Fairbanks ISD has developed a protocol for managing concussions as per HB 2038 “Tasha’s Law”. This policy includes a multidiscipline approach involving athletic trainer clearance, physician referral and clearance, and successful completion of activity progressions related to their sport. The following is an outline of this procedure.

All athletes who sustain head injuries are required to be evaluated by a physician. They must have a normal physical and neurological exam prior to being permitted to progress to activity.

1. The student will be monitored daily at school by the athletic trainer at the high school and the school nurse at the middle school. Accommodations may need to be given according to physician recommendations and observations.
2. High school athletes will be given a neurocognitive test after the concussion. All high school athletes in contact sports will have this assessment prior to their season to form a baseline. Cypress Fairbanks ISD utilizes the ImPact™ software program for this assessment. **The athlete’s post-injury testing data must be within normal limits before he/she is released to begin activity.**
3. The student must be asymptomatic at rest and with exertion.
4. Once cleared to begin activity, the student will start a progressive return to play protocol. The progressions will advance in 24 hour intervals. The progressions are:

**Level 1**- Light aerobic exercise- 5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training, or any other exercise.

**Level 2**- Moderate aerobic exercise- 15-20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.

**Level 3**- Non- contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises.

**Level 4**- Full contact practice or training.

**Level 5**- Full game play.

**Note – Athlete progression continues as long as athlete is asymptomatic at current activity level. If the athlete experiences any post concussion symptoms, he/she will wait 24 hours and start the progressions again at the beginning.**

**For full release to play a physician release, parent/ athlete signed consent and a progressive return to play protocol must be completed and on file.**

# **Cypress Fairbanks ISD Authorization for the Release of Medical Information**

The Family Education Right to Privacy Act (FERPA) is a federal law that governs the release of a student's educational records, including personal identifiable information (name, address, social security number, etc.) from those records. Medical information is considered a part of a student athlete's educational record.

This authorization permits physicians to disclose information concerning my medical status, medical condition, injuries, prognosis, diagnosis, and related personal identifiable health information to the authorized parties as follows: the athletic trainers, team physicians, and athletic staff (including coaches) of the Cypress Fairbanks ISD. This information included injuries or illnesses relevant to past, present, or future participation in athletics.

The purpose of a disclosure is to inform the authorized parties of the nature, diagnosis, prognosis or treatment concerning my medical condition and any injuries or illnesses. I understand once the information is disclosed it is subject to re-disclosure and is no longer protected.

I understand that the Cypress Fairbanks ISD will not receive compensation for its disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment. I may inspect or copy any information disclosed under this authorization.

I understand that I may revoke this authorization at any time by providing written notification to the head athletic trainer at the respective high school. I understand revocation will not have any effect on actions Cypress Fairbanks ISD has taken in reliance on this authorization prior to receiving the revocation. This authorization expires six years from the date it is signed.

Student ID# \_\_\_\_\_

Printed Name of Student: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

# Cypress Fairbanks ISD

## Head Injury Return to Play Check List

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus

<input type="checkbox"/>	Parent Notified	Date: _____
<input type="checkbox"/>	Nurse Notified	Date: _____
<input type="checkbox"/>	Athlete Seen by Physician	Date: _____
<input type="checkbox"/>	Documentation of Athlete release by Physician	Date: _____

**Level 1**- Light aerobic exercise- 5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training, or any other exercise.

Date Completed: \_\_\_\_\_ Supervised By \_\_\_\_\_

*Must Wait 24 hours before next level and must be symptom free.*

**Level 2**- Moderate aerobic exercise- 15-20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.

Date Completed: \_\_\_\_\_ Supervised By \_\_\_\_\_

*Must Wait 24 hours before next level and must be symptom free.*

**Level 3**- Non- contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises.

Date Completed: \_\_\_\_\_ Supervised By \_\_\_\_\_

*Must Wait 24 hours before next level and must be symptom free.*

**Level 4**- Full contact practice or training.

Date Completed: \_\_\_\_\_ Supervised By \_\_\_\_\_

*Must Wait 24 hours before next level and must be symptom free.*

**Health Care Provider Evaluation- Must be completed before Level 5**

Date Completed: \_\_\_\_\_ Supervised By \_\_\_\_\_

**Complete "UIL Concussion Management Protocol Return to Play form"**

Date Completed: \_\_\_\_\_ Received By: \_\_\_\_\_

**Level 5**- Full game play.

Date Completed: \_\_\_\_\_ Supervised By \_\_\_\_\_

**Date Form Completed: \_\_\_\_\_ Received By: \_\_\_\_\_**



# Concussion Management Protocol Return to Play Form

*This form must be completed and submitted to the athletic trainer or other person (who is not a coach) responsible for compliance with the Return to Play protocol established by the school district Concussion Oversight Team, as determined by the superintendent or their designee (see Section 38.157 (c) of the Texas Education Code).*

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
School Name (Please Print)

## Designated school district official verifies:

Please Check

- The student has been evaluated by a treating physician selected by the student, their parent or other person with legal authority to make medical decisions for the student.
- The student has completed the Return to Play protocol established by the school district Concussion Oversight Team.
- The school has received a written statement from the treating physician indicating, that in the physician's professional judgement, it is safe for the student to return to play.

\_\_\_\_\_  
School Individual Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Individual Name (Please Print)

## Parent or other person with legal authority to make medical decisions for the student signs and certifies that he/she:

Please Check

- Has been informed concerning and consents to the student participating in returning to play in accordance with the return to play protocol established by the Concussion Oversight Team.
- Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol.
- Consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return to play recommendations of the treating physician.
- Understands the immunity provisions under Section 38.159 of the Texas Education Code.

\_\_\_\_\_  
*Parent/Responsible Decision-Maker Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Responsible Decision-Maker Name (Please Print)*

## CFISD Concussion Reporting Form

	Date of Concussion	Sport	Gender	Level of Competition	Event	Date of Physician Release	Date Passed Progressive Return Protocol
EX.	8/5/2011	Football	Male	Freshman	Practice	8/9/2011	8/16/2011
1							
2							
3							
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28							

# **Concussions**

## **(Tasha's Law- HB 2038)**

- Report All Head Injuries
- Remove from Activity Immediately
- Parent/ Guardian Contact
- Physician Release
- Parent/ Athlete Release
- Progressive Return to Play Protocol
  - 1) Light Aerobic
  - 2) Moderate Aerobic
  - 3) Non Contact Practice
  - 4) Full Contact Practice
  - 5) Full Game