



# JEFFERSON INDEPENDENT SCHOOL DISTRICT

## – NON-interscholastic athletic activity CONCUSSION PROTOCOL

In accordance with SB2398 the district has adopted the following protocol to use in the event that a student suffers from a concussion on school property, in a school related event (not UIL), or the school is notified that the student is being followed by a physician due to a concussion.

If a student sustains an injury resulting in a possible/suspected concussion, on **OR** off school property but at a school sponsored event, the student must immediately be removed from that activity and their parent/guardian immediately notified and encouraged to have their child seen by a physician.

If the student also participates in UIL sports/activities **OR** participates in PE or other non-UIL athletic activity, they will be required to complete the return to play form as well.

Once a student has been removed from an activity due to a diagnosed concussion, the student must complete the form below filled out by the physician and provide a medical clearance from the physician to resume normal activities.

Board Approved \_\_\_\_\_

Implemented \_\_\_\_\_



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Patient Name: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

Please allow the following academic recommendations from \_\_\_\_\_ thru \_\_\_\_\_.

### Attendance

- No school for \_\_\_\_\_ school day(s)
- Part time attendance for school day(s) as tolerated
- Full school days as tolerated
- Tutoring homebound/in school as tolerated
- No school until symptom free or significant decrease in symptoms

### Visual Stimulus

- Allow student to wear sunglasses in school
- Pre-printed notes for class material or note taker
- No smart boards, projectors, computers, TV screens, or other bright screen
- Limit screen time
- Enlarged font when possible

### Workload/Multi-Tasking

- Reduce overall amount of make-up work, class work, and homework when possible
- No homework
- Limit homework to \_\_\_\_\_ minutes a night
- Prorate or reduce workload when possible.

### Physical Exertion

- No physical exertion/athletics/gym until cleared per protocol
- Begin return to play protocol prior to returning to gym

### Current Symptom List (patient complaints today)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Headache                 | <input type="checkbox"/> Fatigue                  | <input type="checkbox"/> Feeling more emotional |
| <input type="checkbox"/> Nausea                   | <input type="checkbox"/> Feeling slowed down      | <input type="checkbox"/> Irritability           |
| <input type="checkbox"/> Feeling mentally foggy   | <input type="checkbox"/> Balance Problems         | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Dizziness                | _____   |
| <input type="checkbox"/> Difficulty remembering   | <input type="checkbox"/> Drowsiness               | _____   |
| <input type="checkbox"/> Visual problems          | <input type="checkbox"/> Trouble falling asleep   |   |
| <input type="checkbox"/> Sensitivity to light     | <input type="checkbox"/> Sleeping less than usual |   |
| <input type="checkbox"/> Sensitivity to noise     | <input type="checkbox"/> Sleeping more than usual |   |

or athletics per protocol

### Breaks

- Allow student to go to the nurse's office if symptoms increase
- Allow student to go home if symptoms do not subside

### Audible Stimulus

- Allow student to leave class 5 minutes early to avoid noisy hallway
- Lunch in a quiet place
- Audible learning (discussions, reading out loud, if possible text to speech programs or Kindle)

### Testing

- No testing
- Extra time to complete tests
- No more than one test a day
- Oral testing
- Open book testing

### Additional Recommendations

- Other: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

The patient has been scheduled for a follow-up medical appointment and revision of recommendations on \_\_\_\_\_.



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The following non-medical accommodations may be offered to the student upon written diagnosis of a concussion from a physician:

### Environmental and Physical Adjustments

- Rest:** Allow students to take frequent short rest breaks in a quiet, pre-arranged location.
- Lighting:** Reduce exposure to bright lights by allowing sunglasses or tinted lenses in the classroom.
- Screen Time:** Decrease the use of electronics or screens for the student. Allow hand written notes or provide a copy.
- Noise:** Provide earplugs or noise-canceling headphones to minimize auditory stimuli during assignments or testing.
- Environment:** Allow student to eat lunch in a quiet place and consider permitting one or two friends to join them.
- Movement:** Facilitate quiet passage between classes to avoid overstimulating hallways.

### Curriculum and Cognitive Adjustments

- Reduced Workload:** Reduce the number of assignments and the length of homework tasks to key components.
- Notes:** Provide copies of class notes, outlines, or guided notes to minimize processing demands.
- Clear Instructions:** Check for comprehension of instructions to ensure they are understood and offer written or graphic instructions when possible.

### Testing and Scheduling Adjustments

- Extended Time:** Provide extended time to complete assignments, classwork, and tests to allow for processing.
- Test Limits:** Limit the number of tests taken in one day.
- Quiet Environment:** Provide a quiet, distraction-free environment for taking tests.
- Assignment Deadlines:** Extend deadlines for assignments to give the student more time to complete them as they recover.
- Flexible Scheduling:** Adjust the student's schedule to avoid fatigue, potentially shortening the school day, or scheduling demanding classes when student is most alert.

Important: Not an all-inclusive list. Accommodation changes may occur based on the student's situation.

**Gradual Resumption:** Accommodations should support a gradual return to cognitive activity, with activities increasing as symptoms subside.



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A concussion is a mild traumatic brain injury (TBI) that occurs when the brain collides with the skull. Symptoms can vary in severity and may appear immediately or gradually over time.

### Common Symptoms:

- Headache
- Dizziness or lightheadedness
- Nausea or vomiting
- Confusion or disorientation
- Balance problems
- Fatigue
- Sensitivity to light or noise
- Ringing in the ears (tinnitus)
- Difficulty concentrating or remembering
- Slurred speech
- Irritability or mood changes

In the classroom, concussion symptoms may translate into a variety of challenges with learning. Cognitive symptoms may result in problems with speed of reading, difficulties doing multi-step math problems, problems maintaining consistent attention throughout the class, and/or distractibility. Students' complaints about physical symptoms such as headache, fatigue, or increased sensitivity to the lights in the classroom or the noise in the hallways and cafeteria may impair the effectiveness of their learning.

Problems with emotional control can also be evident. The student may become more easily irritated or agitated or may feel overwhelmed and frustrated by their learning challenges. These different symptoms can impact the student's overall school performance.

### How can a concussion affect school performance?

- Slower processing speed
- Lapses in short term memory
- Reduced/impaired concentration
- Slower to learn new concepts
- Shorter attention span
- More difficulty planning, organizing, and completing assignments
- Slower reading
- Difficulty with reading comprehension



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### RETURN TO PLAY FORM

It is important for an athlete’s parent(s) and coach(es) to watch for concussion symptoms after each day’s return to play progression activity. An athlete should only move to the next step if they do not have any new symptoms at the current step. If an athlete’s symptoms come back or if he or she gets new symptoms, this is a sign that the athlete is pushing too hard. The athlete should stop these activities and the athlete’s medical provider should be contacted. After more rest and no concussion symptoms, the athlete can restart the Return to Play activities.

**STUDENT:** \_\_\_\_\_ **INJURY SUSTAINED:** CONCUSSION

**DATE PHYSICIAN CLEARANCE received to begin Return to Play:** \_\_\_\_\_

**DATE PARENTAL CONSENT received to begin Return to Play:** \_\_\_\_\_

*In accordance with TEC 38.157 AND UIL Concussion Management Protocol Return to Play, the following steps will be taken once the student has been cleared by a healthcare professional to return to play:*

**DAY 1:** Light aerobic activity (5-10 minutes on an exercise bike, walking, or light jogging)  
NO weight lifting at this point.  
Signs/symptoms displayed or verbalized: \_\_\_\_\_

**DAY 2:** Moderate activity (15-20 minutes of moderate jogging, brief running with moderate intensity in gym or on field without helmet or other equipment.)  
Signs/symptoms displayed or verbalized: \_\_\_\_\_

**DAY 3:** Heavy, non-contact activity (training drills in full uniform, such as sprinting/running, high intensity stationary bike, regular weightlifting routine)  
Signs/symptoms displayed or verbalized: \_\_\_\_\_

**DAY 4:** Practice & full contact (may return to practice and full contact in controlled practice)  
Signs/symptoms displayed or verbalized: \_\_\_\_\_

**DAY 5:** Competition (may return to competition)  
Signs/symptoms displayed or verbalized: \_\_\_\_\_

\_\_\_\_\_  
Jefferson ISD Staff Member Signature

\_\_\_\_\_  
Jefferson ISD Staff Name Printed

\_\_\_\_\_  
Date



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## Concussion Management Protocol Return to Play

*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)*

\_\_\_\_\_  
*Grade*

### 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 school has received a written statement from the treating physician indicating, that in the physician's professional judgment, it is safe for the student to return to play.
- The student has completed the Return to Play protocol established by the school district.

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

\_\_\_\_\_  
*School Individual Printed Name*

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

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### 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.
- Understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return to play protocol.
- Understands the immunity provisions under Section 38.159 of the Texas Education Code.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Parent/Guardian Printed Name*

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



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## CONCUSSION ACKNOWLEDGEMENT FORM

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

Grade: \_\_\_\_\_

**Definition of Concussion** - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

**Prevention** – Teach and practice safe play & proper technique.

- Follow the rules of play.
- Make sure the required protective equipment is worn for all practices and games.
- Protective equipment must fit properly and be inspected on a regular basis.

**Signs and Symptoms of Concussion** – The signs and symptoms of concussion may include but are not limited to: Head ache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

**Oversight** - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician's assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

**Treatment of Concussion** - The student-athlete shall be removed from practice or competition immediately if suspected to have sustained a concussion. Every student-athlete suspected of sustaining a concussion shall be seen by a physician before they may return to athletic participation. The treatment for concussion is cognitive rest. Students should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete may begin their district's Return to Play protocol as determined by the Concussion Oversight Team.

**Return to Play** - According to the Texas Education Code, Section 38.157:

A student removed from an interscholastic athletics practice or competition under Section 38.156 may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:

- (1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
- (2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
- (3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and
- (4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:
  - (A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
  - (B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and
  - (C) have signed a consent form indicating that the person signing:
    - (i). has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
    - (ii). understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
    - (iii). 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; and
    - (iv) understands the immunity provisions under Section 38.159.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_