University Interscholastic League
Implementation Information for
Chapter 38, Sub Chapter D of the Texas Education Code

When In Doubt, Sit Them Out!

Introduction

Concussions received by participants in sports activities are an ongoing concern at all levels. Recent interest and research in this area has prompted reevaluations of treatment and management recommendations from the high school to the professional level. Numerous state agencies throughout the U.S. responsible for developing guidelines addressing the management of concussion in high school student-athletes have developed or revised their guidelines for concussion management. The present document will provide information on compliance with Chapter 38. Sub Chapter D of the Texas Education Code (TEC).

Definition of Concussion

There are numerous definitions of concussion available in medical literature as well as in the previously noted "guidelines" developed by the various state organizations. The feature universally expressed across definitions is that concussion 1) is the result of a physical, traumatic force to the head and 2) that force is sufficient to produce altered brain function which may last for a variable duration of time. For the purpose of this program the definition presented in Chapter 38, Sub Chapter D of the Texas Education Code is considered appropriate:

"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.

Concussion Oversight Team (COT):

According to TEC Section 38.153:

'The governing body of each school district and open-enrollment charter school with students enrolled who participate in an interscholastic athletic activity shall appoint or approve a concussion oversight team.

Each concussion oversight team shall establish a return-to-play protocol, based on peer-reviewed scientific evidence, for a student's return to interscholastic athletics practice or competition following the force or impact believed to have caused a concussion.'

According to TEC Section 38.154:

'Sec. 38.154. CONCUSSION OVERSIGHT TEAM: MEMBERSHIP.

(a) Each concussion oversight team must include at least one physician and, to the greatest extent practicable, considering factors including the population of the

metropolitan statistical area in which the school district or open-enrollment charter school is located, district or charter school student enrollment, and the availability of and access to licensed health care professionals in the district or charter school area, must also include one or more of the following:

(1) an athletic trainer;
(2) an advanced practice nurse;
(3) a neuropsychologist; or
(4) a physician assistant.

(b) If a school district or open-enrollment charter school employs an athletic trainer, the athletic trainer must be a member of the district or charter school concussion oversight team.

(c) Each member of the concussion oversight team must have had training in the evaluation, treatment, and oversight of concussions at the time of appointment or approval as a member of the team.'

Responsible Individuals:

At every activity under the jurisdiction of the UIL in which the activity involved carries a potential risk for concussion, there should be a designated individual who is responsible for identifying student-athletes with symptoms of concussion injuries. That individual should be a physician or an advanced practice nurse, athletic trainer, neuropsychologist, or physician assistant, as defined in TEC section 38.151, with appropriate training in the recognition and management of concussion in athletes. In the event that such an individual is not available, a supervising adult approved by the school district with appropriate training in the recognition of the signs and symptoms of a concussion in athletes could serve in that capacity. When a licensed athletic trainer is available such an individual would be the appropriate designated person to assume this role. The individual responsible for determining the presence of the symptoms of a concussion is also responsible for creating the appropriate documentation related to the injury event.

Manifestation/Symptoms

Concussion can produce a wide variety of symptoms that should be familiar to those having responsibility for the well being of student-athletes engaged in competitive sports in Texas. Symptoms reported by athletes may include: headache; nausea; balance problems or dizziness; double or fuzzy vision; sensitivity to light or noise; feeling sluggish; feeling foggy or groggy; concentration or memory problems; confusion.

Signs observed by parents, friends, teachers or coaches may include: appears dazed or stunned; is confused about what to do; forgets plays; is unsure of game, score or opponent; moves clumsily; answers questions slowly; loses consciousness; shows behavior or personality changes; can't recall events prior to hit; can't recall events after hit.

Any one or group of symptoms may appear immediately and be temporary, or delayed and long lasting. The appearance of any one of these symptoms should alert the responsible personnel to the possibility of concussion.

Response to Suspected Concussion

According to TEC section 38.156, a student 'shall be removed from an interscholastic athletics practice or competition immediately if one of the following persons believes the student might have sustained a concussion during the practice or competition:

(1) a coach;
(2) a physician;
(3) a licensed health care professional; or
(4) the student's parent or guardian or another person with legal authority to make medical decisions for the student.'

Return to Activity/Play Following concussion

According to TEC section 38.157:
'A student removed from an interscholastic athletics practice or competition under TEC Section 38.156 (believed that they might have sustained a concussion) 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 TEC 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 TEC Section 38.159.'

Guidelines For Safely Resuming Participation Following a Concussion

TEC section 38.155 requires the UIL to provide guidelines for safely resuming participation in an athletic activity following a concussion. TEC 38.153 indicates that: 'Each concussion oversight team shall establish a return-to-play protocol, based on peer-reviewed scientific evidence, for a student's return to interscholastic athletics practice or competition following the force or impact believed to have caused a concussion.'

A student athlete, if it is believed that they might have sustained a concussion, shall not return to practice or competition until the student athlete has been evaluated and cleared in writing by his or her treating physician and all other notice and consent requirements have been met. From that point, the student athlete must satisfactorily complete the protocol established by the school district's or charter school's Concussion Oversight Team.

The current 'peer reviewed scientific evidence' suggests that, after complying with the clearance, notice and consent requirements noted above, a 'step-by-step' return to play protocol that includes a progressive exercise component is indicated for high school participants.

Reducing/Preventing Head and Neck Injuries in Football

1. Complete preseason physical exams and medical histories for all participants in accordance with established rules. Identify during the physical exam those athletes with a history of previous head or neck injuries. If the physician has any questions about the athlete's readiness to participate, the athlete should not be allowed to play.
2. A physician should be present at all games. If it is not possible for a physician to be present at all games and practice sessions, emergency measures must be provided. The total staff should be organized in that each person will know what to do in case of head or neck injury in a game or practice. Have a plan ready and have your staff prepared to implement that plan. Prevention of further injury is the main objective.
3. Coaches should drill the athletes in the proper execution of the fundamentals of football skills, particularly blocking and tackling. **Keep the head out of football.**
4. Coaches and officials should discourage the players from using their heads as battering rams. The rules prohibiting spearing and helmet-to-helmet contact should be enforced in practice and in games. The players should be taught to

respect the helmet as a protective device and that the helmet should not be used as a weapon.

5. All coaches, physicians, and trainers should take special care to see that each player's equipment is properly fitted, particularly the helmet.
6. Strict enforcement of the rules of the game by both coaches and officials may help reduce serious injuries.
7. When a player has experienced or shown signs of head trauma (loss of consciousness, visual disturbances, headache, inability to walk correctly, obvious disorientation, memory loss) they should receive immediate medical attention and should not be allowed to return to practice or game without permission from the proper medical authorities.

For additional information, consult the 'Frequently Asked Questions And Resources Document Regarding Implementation of House Bill 2038' that is available on Health and Safety Section of the UIL web site.