

## **POLICY- SPORTS MEDICINE - PROTOCOL RELATED TO CONCUSSIONS AND CONCUSSED STUDENT-ATHLETES FOR ALL INTERSCHOLASTIC ATHLETICS IN THE COMMONWEALTH OF KENTUCKY**

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### **Sec. 1) INTRODUCTION**

a) In various sports playing rule codes, the National Federation of High Schools (NFHS) has implemented standard language dealing with concussions in student-athletes. The basic rule in all sports (which may be worded slightly differently in each rule book due to the nature of breaks in time intervals at contests in different sports) states:

(1) Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health-care professional. (Please see NFHS Suggested Guidelines for Management of Concussion in the Appendix in the back of each NFHS Rules Book).

(2) The NFHS also has recommended concussion guidelines through its sports Medicine Advisory Committee (SMAC). These recommendations include:

- a. No student-athlete should return to play (RTP) or practice on the same day of a concussion.
- b. Any student-athlete suspected of having a concussion should be evaluated by an appropriate health-care professional that day.
- c. Any student-athlete with a concussion should be medically cleared by an appropriate health-care professional prior to resuming participation in any practice or competition.
- d. After medical clearance, return to play should follow a step-wise protocol with provisions for delayed return to play based upon the return of any signs or symptoms.

(3) To implement these rules, and based on KRS 160.445 and 156.070(2) as amended by the Kentucky General Assembly in 2012, the KHSAA has defined this policy and parameters to guide all interscholastic school athletic representatives and all KHSAA licensed sports officials. References to signs and symptoms of concussion are detailed by the NFHS through its SMAC upon consultation with the Centers for Disease Control and Prevention (CDC).

## **POLICY- SPORTS MEDICINE - CONCUSSIONS DURING INTERSCHOLASTIC PLAY IN THE COMMONWEALTH OF KENTUCKY INCLUDING RETURN TO PLAY**

### **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 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 the 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.

1. Upon completion of the required evaluation, a coach may return a student athlete to play if the physician or licensed health care provider determines that no concussion has occurred; or shall not return a student athlete to play if the physician or licensed health care provider determines that a concussion has occurred.

2. If no physician or licensed health care provider described in paragraph 2(b) of this policy is present at the practice or competition to perform the required evaluation, a coach shall not return a student athlete to play who is suspected of sustaining a concussion. The student athlete shall not be allowed to participate in any subsequent practice or athletic competition unless written clearance from a physician is provided.

### **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 after the completion of all concussion protocols.

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) It is highly recommended that no student-athlete return to play unless he/she has been properly recommended to also return to school.
  - e) School administration shall then notify the coach as to the permission to return to practice or play.
  - f) 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.