



CONCUSSION POLICY

The mission of Pope John Paul II High School Concussion Management Team (PJP CMT) is to ensure each student who is diagnosed with a concussion receives the best possible care that a Christian, academic-based, learning institution can provide. PJP takes a proactive approach in managing concussions in the school setting so that each student can resume his/her pre-concussion activities and lifestyle as soon as possible.

PJP's Concussion Management Team (CMT) works in conjunction with the teachers to assist each student in appropriately resuming his or her academic routine and workload. The CMT consists of Administration, Guidance Department, Director of Academic Support, School Nurse, Athletic Department and Athletic Trainer.

The PJP CMT's provides the resources necessary to help each student meet his/her academic requirements, based on PJP's philosophy and mission statement, and supports each student as he or she returns to his or her full pre-concussion potential.

If a parent or guardian, school nurse, trainer or coach believes that their student has a concussion, he or she will be removed from practice, competition, or activity to be evaluated by a licensed physician (MD or DO) who is trained in the evaluation and management of concussions. Early detection and management is the key to preventing other conditions, such as, post-concussion syndrome and second impact syndrome.

It is important for parents and guardians to be familiar with the signs and symptoms of a concussion. For more information on what a concussion is and the guidelines of concussion management please see [CDC Concussion Basics](#) or [PIAA Sports Medicine Guidelines](#).

As an official diagnosis is obtained, the following information is needed to provide the best possible care to each concussed student:

- Concussion Management Checklist (completed by parent)
- Consent to Obtain/Release of Information (completed by parent)
- Return to Academics Form (completed by physician)

To locate these forms, please see the PJP Concussion Policy located on the PJP website under the Menu and Parents tab (select Health and Wellness).

PJP will update its faculty and staff on current concussion management procedures and best practices in the classroom. All head coaches are required to complete PIAA and NFHS sanctioned courses annually.

*All of PJP's policies are based on recommendations from the Centers of Disease Control, the Pennsylvania Interscholastic Athletic Association (PIAA) and the National Federation of High School Associations (NFHS) rules and regulations.

Concussion Management Checklist

Checklist for students who have sustained a concussion:

- o Parents/Guardians must schedule an appointment immediately with a **licensed physician (MD or DO) who is trained in the evaluation and management of concussions**.
- o Parents must bring the **Return to Academics Form** for the physician to fill out and sign. The form can be found within the concussion policy on the school website under the parents tab > health and wellness. Forms can also be acquired from the main office.
- o Parents/Guardians will return the **Return to Academics Form** and the **Consent to Obtain/Release of Information** to the nurse the next school day, even if the student-athlete is not present in school. The forms can be emailed to nurse@pjphs.org. The nurse will review the **Return to Academics Form** and disseminate necessary information to the Academic, Student Services, Guidance, Academic Support, and Athletic Departments. The Director of Academic Support will then follow up with the student and their parents to determine the best way to approach academics and assessments.
- o Parents/Guardians should schedule a follow-up appointment with the physician. A new **Return to Academics Form** should be completed by the licensed physician at each follow up visit. The **Return to Academics Form** must be returned to the school nurse.
- o Parents/Guardians will work in conjunction with the Concussion Management Team (CMT) to schedule a meeting to review the return to academics/ return to athletics plan of action if the student has not been cleared by the physician after 2 weeks.
- o Only a licensed physician who is trained in the evaluation and management of concussions can declare that a student is symptom free. Follow-up appointments should be scheduled at least every two weeks until the student is declared symptom free by the physician. The physician will fill out a **Return to Academics Form**, signing the bottom, which will certify when the student is symptom free and can return to a full academic schedule and/or begin return to play protocol with the athletic trainer.
- o If participating in a school sport, Section 8 for the PIAA CIPPE Physical Form must be filled out when the student is symptom free, certifying that the student-athlete may resume physical activity. The student-athlete will begin the return to play protocol; which will be supervised by the athletic trainer. The protocol will take at least 5 days to complete. Once the return to play protocol has been successfully completed, the student-athlete will be allowed to return to play as normal.

*If at any time the student is absent from school, parents/guardians must notify the Student Services Office at 484-975-6500 ext. 3015.



CONSENT TO RELEASE MEDICAL INFORMATION

STUDENT NAME: _____

DATE OF BIRTH: _____

Sound communication between and among all health care providers is key to providing the best treatment to a concussed student. This release is provided to encourage communication between the treating medical physician and the Concussion Management Team at Pope John Paul II High School.

***** RELEASE *****

As parent or legal guardian of _____, I grant permission for the office of _____ to release information pertinent to the health care of my student to the members of the Concussion Management Team at Pope John Paul II High School.

I understand that the release of information may be in the form of personal communication over the telephone, electronic form, and letters or documents. This allows the Concussion Management Team to provide the best care possible as the student recovers from their injury.

Parent/Guardian Signature

Date

***This consent is valid for one (1) year unless withdrawn in writing.
Any and all information shared will be considered confidential in nature, every effort will be made to maintain confidentiality.***

Evaluating Physician's Name: _____

Address: _____

Phone: _____



RETURN TO ACADEMICS

STUDENT NAME: _____ STUDENT NUMBER: _____

DESCRIPTION OF INJURY: _____

IS THIS THE STUDENT'S FIRST CONCUSSION? _____ DATE OF PREVIOUS CONCUSSION(S): _____

DATE OF PHYSICIAN VISIT: _____ PHYSICIAN NAME: _____ FORM VER. _____

ATTENDANCE	
	Please excuse from school until:
	No school until symptom free or significant decrease in symptoms for 24-48 hours.
	Shortened school day.
	Full school days as tolerated.
BREAKS	
	Allow visits to the nurse if symptoms worsen.
	Allow dismissal from school if symptoms do not subside after one hour of rest.
WORKLOAD REDUCTION	
	No homework.
	Work at home is allowed, but deadlines should not be provided.
TESTING	
	No testing (classroom or standardized).
	Allow extra time to complete tests, quizzes, and assessments.
	No more than one test per day.
	Testing in a quiet/ alternate place.
	Oral testing.
	Open book/ open note testing.
NOTE TAKING	
	Needs a copy of class notes either from the teacher or another student.
	Allow to participate in class by listening only with no active note taking by student.
VISUAL/ AUDIBLE STIMULI	
	No use of SmartBoard, projector, computer, TV, or other screens.
	Enlarged font when possible.
	Avoid loud and crowded places. Allow student to leave class early to avoid crowds and noise.
PHYSICAL ACTIVITY	
	No physical education or participation in sports.
	May begin "Return to Play" protocol.
	Full return to physical education, practice, competition, and extra-curricular activities.
ADDITIONAL RECOMMENDATIONS	

CONCUSSION CLEARANCE: ☐ YES ☐ NO

This certifies that the Student-Athlete is able to return to a full academic schedule, without modifications or accommodations based on the observations of the student's physician and the honest feedback from the student.
The student is hereby cleared by his/her physician and the Academic Office to return to full academic participation.

PHYSICIAN SIGNATURE: _____ DATE: _____



RETURN TO PLAY

SPORT: _____

STUDENT NAME: _____ STUDENT NUMBER: _____

DATE OF INJURY: _____ DATE OF CLEARANCE BY PHYSICIAN: _____

Fill out the form completely. The trainer or coach (whoever is observing the student-athlete) and the student-athlete must initial the form for each date.

1. No Activity: Complete physical and cognitive rest
2. Light Aerobic Activity: Walking, swimming, stationary cycling, no resistance exercises
3. Sport-Specific Activity: Sport-specific drills/ no head impact drills
4. Non-Contact Drills: More complex drills, light resistance training
5. Full-Contact Practice: Participate in normal training
6. Return to Play: Normal game play

Each stage should last no less than 24 hours with a minimum of 5 days required to consider full return to competition. If symptoms recur during the rehabilitation program, the athlete should stop immediately. Once asymptomatic after at least another 24 hours, the athlete should resume at the previous asymptomatic level and try to progress again. Athletes should contact their health care provider if symptoms recur. A number of factors including but not limited to age and number of concussions may require a longer rehabilitation process.

DATE	STAGE	OBSERVATIONS	INITIAL

This certifies that the student-athlete has successfully completed the recommended recovery based on the observations of the athletic trainer and the honest feedback from the student-athlete. The student-athlete is cleared by his/her physician and the PJPHS Athletic Trainer to return to full athletic participation.

ATHLETIC TRAINER: _____ DATE: _____