

BRITTON -HECLA SCHOOL DISTRICT	JJID Page 1 of 2
Policies	

CONCUSSION POLICY/RETURN TO COMPETITION

Any player, following a blow, bump, or jolt to the head, who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, balance problems, blurred vision, slurred speech, seizures or vomiting) shall strictly adhere to the following procedure:

1. The athlete will be immediately removed from play and assessed as soon after the impact as possible. This is NOT a diagnosis! If a concussion is suspected proceed to #2
2. The athlete should be evaluated by a health care professional trained in evaluation and management of concussions (At no time should any person without professional training attempt to judge the severity of the injury).
3. Inform the athletes parents or guardians about the possible concussion and provide them with a fact sheet on concussions.
4. Keep the athlete out of play the day of the injury and will NOT be allowed to return to competition or practice until a District approved health care professional, determines the athlete is symptom-free and is cleared to return. The Britton-Hecla School Board has identified the following professionals as approved Health Care Professionals qualified to clear an athlete to return to competition: Medical Doctor (MD), Physician’s Assistant (PA), Nurse Practitioner, or a Certified Athletic Trainer (The South Dakota High School Activities Association recommends a five (5) day minimum return to play protocol)

*****The Return to Competition form is attached to this policy below.**

Adopted: 09/13/10

Revised/Reviewed: 11/13/17

Britton-Hecla School – Sports Medicine

RETURN TO COMPETITION

This form is to be used after an athlete is removed from and not returned to competition after exhibiting concussion symptoms. The athlete should not be returned to play until written authorization is obtained from an appropriate health care professional and the parent/guardians. Appropriate health care professional shall be determined by each SDHSAA member school. This form should be kept on file at the school and need not be forwarded to the SDHSAA Office.

Athlete: _____ School: _____ Grade: _____

Sport: _____ Date of Injury: _____

REASON FOR ATHLETE'S INCAPACITY

Guidelines for Returning to an Activity after a Concussion

Note: Each step should be completed with no concussion symptoms before proceeding to the next step.

1. No activity, complete rest with no symptoms.
2. Light exercises: walking or stationary cycling with no symptoms.
3. Sport specific activity without body contact and no symptoms.
4. Practice without body contact and no symptoms. Resume resistance training.
5. Practice with body contact and no symptoms.
6. Return to game play with no symptoms.

Note:

1. If symptoms return at any time during the rehabilitation process, wait until asymptomatic for 1 full day, then re-start at the previous step.
2. Never return to competition with symptoms.
3. Do not use "smelling salts".
4. **When in doubt, sit them out.**

HEALTH CARE PROFESSIONAL'S ACTION

I have examined the named student-athlete following this episode and determined the following:

_____ **Permission is granted** for the athlete to return to competition

_____ **Permission is not granted** for the athlete to return to competition

COMMENT: _____

Medical Doctor, Physicians Asst, Nurse Practitioner, or
Certified Athletic Trainer

Date: _____

Acknowledged by Parent/Guardian

Date: _____

Acknowledged by School Administrator, Athletic Trainer or Head Coach

Date: _____