

CONCUSSIONS

OSAA Executive Board Policy

The Oregon School Activities Association (OSAA) "Concussion Management Policy" states:

"Any athlete who exhibits signs, symptoms or behaviors consistent with a concussion following an observed or suspected blow to the head or body, or who has been diagnosed with a concussion, shall not be permitted to return to that contest or any other athletic contest, on that same day. Until an athlete who has suffered a concussion is no longer experiencing post concussive symptoms, and a medical release form signed by an appropriate health care professional is obtained, the athlete shall not be permitted to return to athletic activity."

WHEN YOU SUSPECT A CONCUSSION

Immediately look for concussion signs and ask about concussion symptoms. Get the student immediate medical help if concussion signs are present. Make sure athletes are evaluated every few minutes over several hours.

The National Institutes for Health (NIH) recommends seeking immediate medical attention if the athlete:

- Becomes unusually drowsy
- Behaves abnormally
- Develops a severe headache or stiff neck
- Loses consciousness, even briefly

QUALIFIED EVALUATION

Ensure that the student athlete is evaluated right away by an appropriate health care professional. Do not try to judge the severity of the injury yourself, because health care professionals are trained in a number of methods to assess the severity of concussions.

SHARING INFORMATION

Recording the following information can help health care professionals in assessing the student athlete after the injury:

- Cause of the injury and force of the hit or blow to the head
- Any loss of consciousness, and if so, for how long
- Any memory loss immediately following the injury
- Any seizures immediately following the injury
- Number of previous concussions (if any)

PARENTAL NOTIFICATION

Inform the athlete's parents or guardians about the possible concussion and give them your school district's fact sheet on concussions. Make sure they know that the athlete should be seen by a health care professional experienced in evaluating for concussions.

MEDICAL CLEARANCE IS REQUIRED

Do not allow a student athlete who is suspected of having a concussion to return to play until you receive clearance from a licensed health care provider trained in the evaluation and management of brain injuries.

OSAA policy states that an athlete who has suffered a concussion may return to practice and play only after he or she is no longer experiencing post-concussive symptoms and presents a medical release form signed by an appropriate health care professional trained in the evaluation and management of brain injuries.

Not that this clearance must be provided in writing.

CONCUSSION - SCHOOL INFORMED CONSENT

Parents and student athletes will read and sign a head injury information sheet annually, before the student athlete begins practice or competition.

CONCUSSION-SCHOOL INFORMED CONSENT

1) Concussion - School Informed Consent Form: On an annual basis prior to participation, LHS shall require each student and at least one parent or legal guardian of the student to sign the Concussion - School Informed Consent form acknowledging the receipt of information regarding symptoms and warning signs of concussions. Schools shall maintain a copy of each student's signed form on file for review.

2) Suspected or Diagnosed Concussion: Any athlete who exhibits signs, symptoms or behaviors consistent with a concussion following an observed or suspected blow to the head or body, or who has been diagnosed with a concussion, shall not be permitted to return to that athletic contest or practice, or any other athletic contest or practice on that same day.

3) Return to Participation: Until an athlete who has exhibited signs, symptoms or behaviors consistent with a concussion following an observed or suspected blow to the head or body, or who suffered a concussion, is no longer experiencing signs, symptoms or behaviors consistent with a concussion, and a medical release form signed by an appropriate Health Care Professional (Physician (MD), Physician's Assistant (PA), Doctor of Osteopathic (DO) licensed by the Oregon State Board of Medicine, nurse practitioner licensed by the Oregon State Board of Nursing, or Psychologist licensed by the Oregon Board of Psychologist Examiners) is obtained, the athlete shall not be permitted to return to athletic activity.

COMPLIANCE STATEMENT

I certify that:

1. I have been provided with information on concussions in high school sports in compliance with ORS 417.875.

2. I understand that on an annual basis, the Concussion -School Informed Consent form shall be signed and turned into my school's Athletic Director by myself (or my parent or legal guardian if I am under the age of 18 years old) prior to my participation in a practice or competition.

Student: _____ Signature: _____ Date: _____
(Printed Name)

Parent: _____ Signature: _____ Date: _____
(Printed Name)