



Allegheny-Clarion Valley Sports Medicine Concussion Protocol



The Allegheny-Clarion Valley School District’s concussion protocol is in accordance with the Pennsylvania Safety in Youth Sports Act (Nov 9, 2011; P.L. 411, No. 101) and has adopted the following policy for its Athletic Programs:

1. All student-athletes must complete an ImPACT (Immediate Post Concussion and Cognitive Testing) baseline test before they may participate in any athletic activity. Baseline Tests will be used for the duration of two years.
2. The ImPACT program is designed to assist physicians and Athletic Trainers in the evaluation and management of concussions and traumatic brain injuries (TBI). It tracks memory, reaction time, cognitive processing speed and concentration.
3. Any student-athlete who shows a sign(s), symptom(s) or behavior(s) consistent with a concussion or TBI will be removed from athletic activity and will not be permitted to return to physical activity that day, or until evaluated by an Athletic Healthcare Provider with experience and training in the evaluation and management of concussions and TBI’s.
4. Any athlete who is suspected of having a concussion or TBI (even one symptom) should be monitored and should be provided with written home instructions (ACV Head Injury Care Form) which will be provided by the Athletic Trainer.
5. The student-athlete will be required to retake the ImPACT test so that the post-injury data can be compared to the baseline data. All data will be sent to the licensed Physician for their review.
6. Student-athletes who have ImPACT results that fall below baseline and show a sign(s) and or symptom(s) of a concussion or TBI, should have a call made home to communicate with the parent/guardian with the suggestion for the student to be seen by a licensed Physician ASAP. Any student in this situation should not be fully participating in gym class or any practices or games for their sport and should be allowed to walk the hallways for gym in place of the normal level of participation until documentation is received from their doctor.
7. Once the student-athlete is asymptomatic with post-injury ImPACT data within normal baseline limits, and with clearance from a licensed Physician, a 5 stage return to play protocol should be completed, supervised by the Athletic Trainer.
8. Each stage of the return to play protocol will take 24-48 hours to complete. The athlete will progress to the next stage only if they have remained asymptomatic.
9. The student-athlete will need to be cleared before beginning the return to play protocol, unless otherwise stated in documentation from their licensed Physician with the clearance to participate in full activity.
10. The Licensed Athletic Trainer reserves the right to withhold the student-athlete from physical activity, including participation in practices and competition, if the Athletic Trainer believes returning to play would be detrimental to the student-athlete’s health.

I have read and fully understand the Allegheny-Clarion Valley Sports Medicine Concussion Protocol as explained in this document:

Student-Athlete Signature

Student-Athlete Print Name

Date

Parent/Guardian Signature

Parent/Guardian Print Name

Date



Section 2: Concussion Acknowledgement Form

Student-Athlete Acknowledgment of Risk

I, _____, acknowledge that there are risks associated with participating in athletics and do hold myself responsible for reporting injuries ASAP that I sustain during participation in my sport. This is to protect my overall health and well-being to best of my ability.

I further understand the risks listed in the educational resources associated with concussions, head trauma and traumatic brain injuries that may occur during my athletic activities and the consequences of not reporting such injuries to the proper medical personnel. _____

Initial

By signing below, I acknowledge that the Allegheny-Clarion Valley School District Sports Medicine Program has provided me with the educational material on concussions, head trauma and traumatic brain injuries on the school district's website (Athletics -> Athletic Training) as well as handouts included in the PIAA CIPPE and what to do if an incident were to occur during my athletic completion.

Student-Athlete Signature

Date

Parent/Guardian Acknowledgment of Risk

I, _____, acknowledge that there are risks associated with my son/daughter participating in athletics and understand that the necessity of reporting injuries sustained during athletic participation ASAP. This is to protect and prevent my son/daughter from further injury.

I further understand the risks listed in the education resources associated with concussions, head trauma and traumatic brain injuries that may occur with my son/daughter's participation in athletic activities and the consequences of not reporting them to the proper medical personnel.

Initial

By signing below, I acknowledge that the Allegheny-Clarion Valley School District Sports Medicine Program has provided me with the educational material on concussions, head trauma and traumatic brain injuries on the school district's website (Athletics -> Athletic Training) as well as handouts included in the PIAA CIPPE and what to do if a concussion, head trauma or traumatic brain injury may be present or suspected.

Parent/Guardian Signature

Date