

Boise State Club Sport Concussion Management Plan

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Section 1: Concussions in Club Sports

Required Meeting

Prior to the start of each academic year, a meeting shall be organized by the club director or other appropriate designated officials to discuss the topic of concussion in club sports.

Each club shall have two club officers attend the meeting. Athletes and coaches should review the following material and have the opportunity to ask questions:

- The definition of concussion
- Signs and symptoms of the injury
- Tips for prevention of the injury
- Risks associated with continued play with a concussion
- What to do if you suspect someone has sustained a concussion for emergency and non-emergency situations

Centers for Disease Control and Prevention (CDC) 4 Step Action Plan

1. Remove suspected injured athletes from play.
2. Ensure the athlete is evaluated right away by an appropriate health care professional.
3. Allow the athlete to return to sport only with permission from a health care professional with experience in evaluating concussion.
4. Any additional concussion resources provided to athletes and coaches

Required Club Sport Participation Waiver

- Prior to beginning club sport practices, club athletes must sign the Club Sports Participation Waiver acknowledging that certain risks of injuries are inherent to participation in club sports.



Section 2: Baseline Testing

High Impact Teams: Boxing, M/W Hockey, M/W Lacrosse, M/W Rugby, M/W Soccer

- Athletes participating in a high impact sport are required to receive a baseline neurocognitive test. It is recommended athletes establish baselines using tests such as the Balance Error Scoring System (BESS), the Standardized Assessment of Concussions (SAC), or other standardized assessment tests at least once in their college career.
- Optional testing is available for non-contact sports
- Baseline tests can be utilized by a qualified health care professional trained in the evaluation and management of concussion and who has received training in interpreting the test results to aid in the evaluation and treatment of all injured athletes exhibiting cognitive deficits.

Section 3: Annual Concussion Training

Athletic Trainers, Coaches, and Club Officers

- Coaches and two club officers must receive online concussion training upon hire and biennially thereafter.
 - Completion of the Idaho Concussion Training Course provided by the Idaho High School Activities Association and the St. Luke's Sports Medicine Concussion Clinic shall satisfy this requirement
 - The course can be found at the following link:
<https://www.stlukesonline.org/apps/concussion-education>
 - Evidence of training must be kept on file by Boise State Club Sports
- Athletic Trainers
 - All athletic trainers employed by Boise State Campus Recreation must receive online concussion training upon hire and biennially thereafter.
 - Athletic trainers must complete the St. Luke's Concussion Training Course that can be found at the link below:
<https://www.stlukesonline.org/concussioneducation>
 - Evidence of training must be kept on file by the athletic trainer's employer.



Section 4: Removal from Play Strategy for Coaches and Non-Medical Staff

Step 1: Remove from Play

- If at any time it is suspected an athlete has sustained a concussion during practice or game play, the athlete shall be immediately removed from play and not be allowed to return to sport the same day. Once removed an athlete shall not be allowed to return to sport until authorized to return by a qualified health care professional.
- Please Note: Most athletes who experience concussion will exhibit any one or more of a variety of symptoms. A loss of consciousness is NOT always present. Headache is the most common symptom, but not all athletes experience concussion in the same way. Symptoms of a concussion may not be evident until several minutes, hours or days later. The severity of the symptoms will also vary along with their duration. The following are a list of possible common symptoms by general category:

Signs and Symptoms

Physical			
Headache	Nausea	Dizziness	"Don't feel right"
Pressure in head	Vomiting	Blurred vision	Sensitivity to light
Neck pain	Balance problems	Fatigue	Sensitivity to noise

Cognitive	Emotional	Sleep
Confusion	Irritability	Drowsiness
Feeling "slowed down"	Sadness	Sleeping more than usual
Feeling "in a fog"	More emotional	Sleeping less than usual
Difficulty concentrating	Nervousness or anxious	Trouble falling asleep
Difficulty remembering		



Step 2: Monitor

- Continue monitoring the athlete for other signs and symptoms, as well as for symptom severity. If the athlete is experiencing any of the below signs, the athlete may want to be transported to the nearest emergency room. When in doubt about what action to take, call 911 immediately.
 1. Headache that gets worse or does not go away
 2. Weakness, numbness or decreased coordination
 3. Slurred speech
 4. Looks very drowsy or cannot be awakened
 5. Cannot recognize people or places
 6. Is getting more and more confused, restless, or agitated

Step 3: Is There an Emergency?

- If the condition of the athlete continues to deteriorate or if an athlete exhibits ANY of the below signs, call 911 immediately and launch your organization's emergency action plan:
 1. Repeated vomiting or nausea.
 2. Has one pupil (the black part in the middle of the eye) larger than the other.
 3. Experiences convulsions or seizures.
 4. Prolonged loss of consciousness (*a brief loss of consciousness should be taken seriously and the person should be carefully monitored*).

Step 4: Ensure Athlete Receives A Medical Evaluation

- If not an emergency, ensure the injured athlete is evaluated by a proper medical professional. **DO NOT** try to judge the seriousness of the injury yourself. Coaches should seek assistance from the site athletic trainer or other appropriate medical personnel if available at a competition, and should always seek the assistance from an appropriate medical provider when an injury occurs at practice. If a medical provider is not available on site, ensure that the athlete follows-up with an appropriate medical provider.

Step 5: Communicate

- Communicate with the athletic trainer and Coordinator of RecSports to ensure proper care of the athlete.



Section 5: Removal from Play Strategy for Athletic Trainers and Medical Providers

In this protocol, we consider only individuals deemed a “qualified healthcare professional” under subsection (6) of section 33-1625, Idaho Code, may provide medical clearance for an athlete to return to play following a possible concussion. A qualified healthcare professional must meet two (2) criteria.

- The medical professional must be trained in the evaluation and management of concussions, AND must be one of the following:
 - A physician or physician assistant licensed under chapter 18, title 54, Idaho Code.
 - An advanced practice nurse licensed under section 54-1409, Idaho Code (school nurse may not necessarily be an advanced practice nurse)
 - A licensed healthcare professional trained in the evaluation and management of concussions who is supervised by a directing physician who is licensed under chapter 18, title 54, Idaho Code (such as an Idaho Certified Athletic Trainer)

The following strategy is only intended for use by individuals deemed a qualified healthcare professional. If an individual is not a qualified healthcare professional, please use the Removal From Play Strategy for Coaches and Non-Medical Strategy on page 5.

Step 1: Remove from Play

- If at any time it is suspected an athlete has sustained a concussion, the athlete shall be immediately removed from play. No same day return to sport.

Step 2: Monitor

- Continue monitoring the athlete for other signs and symptoms, as well as for symptom severity. If the athlete is experiencing any of the below signs, the athlete may want to be transported to the nearest emergency room. When in doubt about what action to take, call 911 immediately.
 1. Headache that gets worse or does not go away
 2. Weakness, numbness or decreased coordination
 3. Slurred speech
 4. Looks very drowsy or cannot be awakened
 5. Cannot recognize people or places
 6. Is getting more and more confused, restless, or agitated



Step 3: Is There an Emergency?

- If the condition of the athlete continues to deteriorate, or if an athlete exhibits ANY of the below signs, call 911 immediately and launch your club’s emergency action plan:
 1. Repeated vomiting or nausea.
 2. Has one pupil (the black part in the middle of the eye) larger than the other.
 3. Experiences convulsions or seizures.
 4. Prolonged loss of consciousness (*a brief loss of consciousness should be taken seriously and the person should be carefully monitored*).

Step 4: Sideline Evaluation

- If it is determined the situation is not an emergency, the medical provider may choose to use simple sideline cognitive tests to determine whether or not the athlete has any cognitive deficits.
 - A medical provider may choose to forego sideline cognitive testing if, in their best judgment, they feel the athlete is concussed. In this instance proceed to step 5.
 - Sideline tests include the latest version of the Sports Concussion Assessment Tool (SCAT), the Standardized Assessment of Concussion (SAC) or other standardized tools for sideline cognitive testing used with appropriate training.
 - If the athlete has no cognitive or other identifiable deficits, it is reasonable for the individual to conclude a concussion did not occur and that it is safe for the athlete to return to sport after 24 hours. In this instance the individual may forego the remainder of this strategy, as well as Return to Learn Strategy and Return to Sport Strategy
 - If the athlete is experiencing cognitive or other identifiable deficits, proceed to step 5.

Physical			
Headache	Nausea	Dizziness	“Don’t feel right”
Pressure in head	Vomiting	Blurred vision	Sensitivity to light
Neck pain	Balance problems	Fatigue	Sensitivity to noise



Cognitive	Emotional	Sleep
Confusion	Irritability	Drowsiness
Feeling “slowed down”	Sadness	Sleeping more than usual
Feeling “in a fog”	More emotional	Sleeping less than usual
Difficulty concentrating	Nervousness or anxious	Trouble falling asleep
Difficulty remembering		

Section 6: Return to Learn Strategy

- A student athlete should be able to resume all normally scheduled academic activities without restrictions or the need for accommodation prior to receiving authorization to return to play by a qualified health care professional as defined in subsection of this section.
- The athletic trainer, student health center staff, or other appropriate designated school administrators shall communicate and collaborate with the athlete, coaches, teachers and any necessary and pertinent outside medical professionals of the athlete, to create a plan that will support the athlete’s academic and personal needs while symptomatic.
 - Supporting a student recovering from a concussion requires a collaborative approach among school professionals, health care providers, as well as the athlete themselves, as s/he may need accommodations during recovery. Keep in mind that the accommodations that worked for one athlete may not work for another.
 - If symptoms persist, accommodations for the student can be further made with the Educational Access Center (EAC). Services and accommodations for students may include environmental adaptations, curriculum modifications, and behavioral strategies.
 - Students may need to limit activities while they are recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. Students who return to school after a concussion may need to:
 - Take rest breaks as needed
 - Spend fewer hours at school
 - Be given more time to take tests or complete assignments
 - Receive help with schoolwork
 - Reduce time spent on the computer, reading, or writing



It is normal for students to feel frustrated, sad, and even angry because they cannot return to recreation or sports right away, or cannot keep up with their schoolwork. A student may also feel isolated from peers and social networks. Talk with the student about these issues and offer support and encouragement. As the student's symptoms decrease, the extra help or support can be removed gradually as decided on by the team involved.

As the athlete returns to academic and athletic activities the athletic trainer, student health center staff, or other appropriate school personnel shall follow-up with the athlete periodically to ensure symptoms are decreasing, have been eliminated and have not returned, or to address any additional concerns of the athlete, and to adjust the academic and return to school strategy for the athlete if needed until the athlete has been fully reintegrated into normal academic activities.

The following 4 step progression is available as a general guideline for the athlete, medical providers, and school professionals to reference for return to school purposes.

Graduated Return-to-Learn Strategy			
	Mental Activity	Activity at Each Step	Goal of Each Step
An initial period of 24-48 hours of both relative physical and cognitive rest is recommended before beginning the Return-to-Learn and Return-to-Sport Strategies.			
1	Daily activities that do not increase the athlete's symptoms	Typical activities that the athlete does during the day as long as they do not increase symptoms (e.g. reading, texting, screen time). Start with 5-15 minutes at a time and gradually build up.	Gradual return to typical activities
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities
4	Return to School full-time	Gradually progress school activities until a full day can be tolerated.	Return to full academic activities and catch up on missed work.



Section 7: Return to Sport Strategy

- An injured athlete should only be allowed to start the following return to sport strategy once the athlete is successfully tolerating their normal cognitive workload at school.
- Coaches must act reasonably and to the best of their ability to ensure an athlete is cleared by a proper medical provider experienced in the evaluation and management of concussion pursuant to subsection (6) of section 33-1625, Idaho Code.
 - Clearance by a medical provider must be in written form and kept on file with the athletic trainer's employer for no less than seven (7) years.
- If at any time, the athletic trainer or other qualified medical personnel feel the injury is beyond their expertise, scope of practice or comfort level, then the athlete shall be referred to a qualified health care professional trained in the evaluation and management of concussion for treatment and management of the injury.
 - It is the responsibility of the athletic trainer or other on-site medical personnel to ensure that proper and sufficient communication takes place with any/all outside medical professionals to ensure medical providers have all pertinent medical information, are accurately informed of the details and severity of the injury, and that the medical provider receiving the referral is qualified to evaluate and manage concussions.
- The return of an athlete to play shall be done in a stepwise fashion in accordance with the recommended return to sport strategies of the CDC and the NCAA. Proper instruction and supervision of an outside medical provider should be used if necessary.
 - The return to return to sport strategy includes the following stepwise progression allowing the athlete 24 hours between each step as long as the athlete remains symptom free. If any symptoms return, the athlete should return to the previous step and resume the progression again following 24 hours without symptoms.

The athlete should not Return to Sport unless they have resumed all normally scheduled academic activities without restrictions or the need for accommodations prior to receiving authorization to Return to Sport by a qualified healthcare professional as defined in subsection (6) of section 33-1625, Idaho code.



Graduated Return-to-Sport Strategy			
Stage #	Aim	Activity	Goal of each step
Initial period of 24-48 hours of both relative physical & cognitive rest is recommended before beginning the Return to Sport Progression			
1	Symptom-limited activity	Daily activities that do not worsen symptoms	Gradual reintroduction of work/school activities
If symptoms worsen with this level of exertion, then return to previous stage. If the student remains symptom free for 24 hours after this level of exertion then proceed to the next stage.			
2	Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training	Increase heart rate
If symptoms re-emerge with this level of exertion, then return to previous stage. If the student remains symptom free for 24 hours after this level of exertion then proceed to the next stage.			
3	Sport-specific exercise	Running or skating drills. No head impact activities	Add movement
If symptoms re-emerge with this level of exertion, then return to previous stage. If the student remains symptom free for 24 hours after this level of exertion then proceed to the next stage.			
4	Non-contact training drills	Harder training drills, e.g., passing drills. May start progressive resistance training	Exercise, coordination and increased thinking
If symptoms re-emerge with this level of exertion, then return to the previous stage. If the student remains symptom free for 24 hours after this level of exertion then proceed to the next stage.			
5	Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
If symptoms re-emerge with this level of exertion, then return to previous stage. If the student remains symptom free for 24 hours after this level of exertion, then proceed to the next stage with clearance by a qualified healthcare professional.			
6	Return to Sport	Normal game play	Fully back to sport

