

CONCUSSION MANAGEMENT TEAM (CMT):

ROLES & RESPONSIBILITIES



Brain 101: The Concussion Playbook
provides everything you'll need for effective
concussion management.

Before implementing any policy, make sure it aligns with the concussion laws and interscholastic athletic concussion policies in your state.

INTRODUCTION

Concussions are serious brain injuries. As many as 3.8 million occur in the U.S. every year from sports and recreational activities. If concussions aren't recognized right away and managed properly, they can lead to long-term problems such as headaches, difficulty with thinking and memory, and depression.

When a student gets a concussion, it's critical that the entire school community knows how to respond in ways that ensure the student's best chance of recovery.

CONCUSSION MANAGEMENT TEAM (CMT)

The Concussion Management Team (CMT) ensures that every student who suffers a concussion is monitored for a safe return to activity. *These team members are suggestions and may vary according to local resources, but ideally they all should have completed training in the assessment and management of concussions.* Be sure to include stakeholders from both the school and community:

- Administration — Superintendents, Principals, Assistant Principals, Athletic Directors
- Family Team — Parents, Guardians, and Students
- Athletic Team — Certified Athletic Trainers and Coaches
- Academic Team — Counselors, Teachers, School Psychologists, and School Social Workers
- Medical Team — School Nurses, Certified Athletic Trainers, Team Physician, Licensed Psychologist with training in concussion management, Neuropsychologists, and Community Medical Providers (e.g., pediatrics, family medicine, sports medicine).

Develop partnerships with your local healthcare providers (e.g., ER, local hospital, primary care physicians/providers, therapists, and neuropsychologists) who are interested in working with you. Work with them to develop a community-wide approach to best practices in concussion management.

TEAM MEMBERS

CMT Coordinator — serves as a team leader and functions as a liaison among healthcare providers, students, families, and school staff. This person will be instrumental in helping to develop and disseminate a ***Gradual Return to Activity Plan*** for each student who needs one. Additionally, the CMT Coordinator oversees the monitoring and tracking of the plan. Depending on your school, this person might be a certified athletic trainer, school counselor, school nurse, assistant administrator, or other professional with strong communication skills.

Administrator — is needed to change the culture around sports concussion, put systems in place to manage it effectively, and provide the support necessary to return students to full academic and physical activity as quickly and safely as possible.

Athletic Director (AD) — supports coach, student, athlete, and parent training, promotes a culture of awareness, ensures that coaches teach safe techniques, advocates for proper and well maintained equipment, monitors appropriate incident protocol, promotes good officiating, and tracks injuries.

Certified Athletic Trainer (ATC) — is a medical expert in preventing, recognizing, managing, and rehabilitating injuries that result from physical activity. The ATC works under the direction of a licensed physician and in cooperation with other healthcare professionals, athletic administrators, coaches, and parents. The ATC is often the medical provider most familiar with each student; their involvement makes it easier to evaluate and manage injuries effectively.

School Counselor/Psychologist — informs teachers of learning adjustments while a student is symptomatic and in some instances may assist with the ongoing assessments necessary to move forward with longer-term needs for 504 plans.

School Nurse — works with the ATC, school staff, the student’s medical provider and the family to help make recommendations on proper care and recovery; provides ongoing care as needed at school.

Team Physician — is designated by the school or club to provide medical direction to the ATC and the athletic program and help develop the school emergency action plan. This person should be appropriately trained in the assessment and management of concussions and sports medicine in general. Schools and clubs with team physicians usually delegate the team doctor to make final decisions regarding return to play in collaboration with the school concussion management team and the student’s medical provider.

Community Medical Provider — can be recruited if a school does not have a Team Physician. This person should be trained in the assessment and management of concussions and could be a pediatrician, family practitioner, or other community healthcare provider.

Neuropsychologist— can assist in conducting and interpreting assessments of protracted post-concussion neurocognitive and behavioral/emotional symptoms. This community-based provider may also be a **Licensed Psychologist** trained in the assessment of concussion.

Parent Leader — can help with education efforts and with communicating policy to other parents.

Student Athlete — can be influential in educating and communicating policy to other students.

Hospital or Medical Center — may help with funding of sports concussion resources (healthcare providers, computerized neurocognitive assessment) and assist in development and implementation of the concussion education program.

CMT RESPONSIBILITIES

		In Place Status			Support Materials: Brain 101
		Yes	Partial	No	
Concussion Management Team (CMT)	CMT developed with appropriate stakeholders				<ul style="list-style-type: none"> • <i>Concussion Management Team: Roles & Responsibilities</i>
	CMT meeting process and schedule defined				
	CMT Coordinator(s) identified				
Funding	Funding in place				
Training	Evidence-based training programs identified				<ul style="list-style-type: none"> • <i>Brain 101: The Concussion Playbook (online training program)</i>
	Athletic trainers, coaches, athletes, parents, and staff trained				
	Training documented				
Concussion Management Policy	<p><i>Recognize, Respond, Return Policy</i> created and implemented</p> <p><i>Each CMT should be familiar with the concussion laws in their state and their state's interscholastic athletic association's concussion policy.</i></p>				<ul style="list-style-type: none"> • <i>CMT Materials</i> • <i>Parent Materials</i> • <i>Athletic Trainer/Coach Materials</i> • <i>Teacher Materials</i>
Evaluation	Concussion management policy and processes evaluated for continuous improvement				
Political Support & Visibility	Relationships with community, healthcare providers and outside stakeholders established				
	Regular communication with school board and other stakeholders who can provide political support established				

Note: Each CMT should be familiar with the concussion laws in their state and with their state's interscholastic athletic association's concussion policy.

It is essential that staff, students, and parents know how to **recognize** a concussion. If one happens, all stakeholders need to know how to **respond** in ways that protect students and ensure their safe **return** to school activities. Each school will form a Concussion Management Team (CMT) and assign a Coordinator or "point person." The job of the CMT is to ensure that the **Recognize, Respond, & Return** policy is fully implemented and evaluated.

Resources to help implement a policy are included in this document and in the online program *Brain 101: The Concussion Playbook*.

RECOGNIZE

All athletic trainers, coaches, staff, student athletes, and parents of student athletes will receive annual training on how to recognize the symptoms of concussion.

Note: We recognize that not all schools have the services of a certified athletic trainer (ATC). This guidebook is written to provide general policy guidelines for all schools, recognizing that available personnel will vary greatly depending on local resources. When possible, the ATC should take the lead in initial evaluation and management in all circumstances.

RESPOND

Any athlete who shows signs or symptoms of a possible concussion must be removed immediately from the game or practice and must not be allowed to return to play until cleared by an appropriately trained healthcare provider. The athlete who has been removed should not be left alone. ***When in doubt, keep 'em out.***

Immediately following a suspected concussion, the ATC, coach, or AD will contact the athlete's parents and suggest referral for medical evaluation. The ATC, coach, or AD will make sure parents receive a copy of the *Parent Packet*. The ATC, coach, or AD will monitor symptoms but will **never attempt to diagnose** a concussion. The ATC or coach will notify the CMT Coordinator.

Parents will have their child evaluated by a medical professional who is trained in the evaluation and management of concussion. Some students will lack access to medical care because they lack insurance, don't qualify for the state insurance plan, or are underinsured with high deductibles. Their families might be hesitant or unable to seek medical attention due to incurred costs. Also, some families will have no established medical provider.

If your community has a public health agency, federally qualified medical home, or school health center, the CMT Coordinator needs to identify medical professionals who can see students unable to pay. The medical professional will assess the athlete and provide clearance to return to activities or provide recommendations for a Gradual Return to Activity Plan.

The CMT Communication Coordinator will notify all of the athlete's teachers of the possible concussion and ensure the incident is completely documented.

EMERGENCY GUIDELINES

The following situations indicate a medical emergency and require that a student be transported immediately to the nearest emergency room via ambulance (call 911, if available in your area):

- A student loses consciousness for any duration.
- A student has signs or symptoms of a possible concussion and is not stable (i.e., condition is changing or deteriorating).
- A student exhibits any of the following signs or symptoms:
 - deterioration of neurological function
 - decreasing level of consciousness
 - decrease or irregularity in respirations
 - any signs or symptoms of associated injuries such as spine or skull fracture or bleeding
 - mental status changes: lethargy, difficulty maintaining arousal, confusion, or agitation
 - seizure activity

Accompany the athlete to the emergency room, if needed, and remain with the athlete until a parent arrives. The ATC or coach is responsible for informing parents of the injury and letting them know if the athlete was transported by emergency vehicle or needs to be picked up.

NON-EMERGENCY GUIDELINES

Never allow a student with a suspected concussion to drive home!

- 1) Remove the student from play and monitor symptoms.
- 2) Notify the student's parents.
- 3) Provide *Parent Packet* to the parents and refer for medical evaluation.
- 4) Notify CMT Coordinator.

If parents cannot be reached, and the student is able to be sent home:

- 1) Make sure the student is accompanied by a responsible adult who can monitor the student and understand the information in the *Parent Packet*.
- 2) Keep trying to reach a parent.

If parents cannot be reached, and there is no responsible adult able to monitor the student, the ATC or coach will remain with the student until a parent or responsible adult arrives.

A student who is symptomatic but stable may be transported by his or her parents. The parents should be advised to contact the student's primary care provider or seek care at the nearest emergency department or urgent care facility on the day of the injury. ALWAYS give parents the option of emergency transportation, even if you don't feel it is necessary.

MANAGING CONCUSSION WHEN AWAY FROM HOME

Coaches and ATCs should seek assistance from the host site ATC or team medical provider, if available, at an away contest.

RETURN

In the days following an injury, the brain needs both cognitive and physical rest to heal. The treating physician and the CMT should work together to develop both the **Return to Academics** and **Return to Play** plans. In schools without an ATC, the healthcare provider must work closely with the CMT, the injured athlete, and her/his parents.

Every concussion is different. Some students will be ready to return to school immediately. Most students, however, will need 2–3 days of rest before returning to school. For some, a longer period of modified cognitive and physical activity is required for symptoms to improve.

Concussed students with persistent symptoms, particularly symptoms worsened by auditory and/or visual stimuli, may be kept from returning to school or have a modified school schedule for several days after a concussion. The importance of cognitive rest must be stressed to the student, parents, and teachers.

GRADUAL RETURN TO ACTIVITY PLAN

A Gradual Return to Activity Plan will be implemented for each student diagnosed with concussion. It will be followed until the student is symptom free **AND** has medical clearance to return to play.

A successful Gradual Return to Activity Plan has two parts:

1. Return to Academics — a gradual return to school and academic requirements implemented by the teaching staff
2. Return to Play — a gradual return to sports implemented by the athletic staff.

The Return to Activity Plan is designed by the Concussion Management Team with input from the healthcare provider.

RETURN TO ACADEMICS

Students should return to academics with support and guidance from the CMT. The CMT has the responsibility to implement, monitor, and adjust the student's individualized return to academics plan. Symptoms of concussion will often create learning difficulties for students. An individualized plan for learning adjustments should be initiated immediately after diagnosis with a gradual, monitored return to full academics as symptoms clear. Although most symptoms clear within 3–4 weeks, in some cases, symptoms may not clear for months. In rare cases, disability may be permanent. For students with prolonged symptoms, formal procedures for learning supports will be initiated.

The return to academics should involve careful monitoring of cognitive effort followed by a gradual increase in activity. In some cases, cognitive rest — limited access to computers, video games, cell phones, TV, texting — might be appropriate. However, strict cognitive rest applied to everyone, including those who might otherwise recover fine on their own, can sometimes prolong problems and potentially delay recovery. A more nuanced approach is to permit any cognitive activity that doesn't worsen symptoms. The return to academics process should be monitored to control for cognitive overload.

As symptoms begin to improve, students will gradually return to school. Depending on the student's type and severity of symptoms, they may return part-time at first, gradually returning to a full-time program as they recover. Other students may be able to return to school full-time after the period of full/near-full rest. However, learning adjustments will be necessary until all symptoms clear. Teachers can assist healing by canceling homework and reducing or dismissing assignments during this period. This isn't like the flu, where students can complete school-work while at home. Students need a true mental break, not just a postponement, during this critical time.

RETURN TO PLAY

No student will return to play without medical clearance from the healthcare provider. The school will follow an established protocol for a Gradual Return to Play. Students will gradually increase activity in a step-by-step process. They will advance to the next step as long as no symptoms are present. If symptoms are present, the student will stop activity, and the CMT will reassess to determine the next appropriate step.

TRACK INJURIES AND MONITOR PROGRESS

A tracking system will record incidence, follow-up, return progress, and medical clearance documentation for all concussions to protect every student. This tracking system will provide legal documentation to demonstrate that an established policy is followed.

RESPONSIBILITIES OF THE CMT

The CMT (school, home, medical) will work together to develop a Gradual Return to Activity Plan for each injured student. The CMT will distribute information about recommended academic adjustments

for each step of the return progression. The team will monitor and track progress until the player is symptom-free and has medical clearance or, if needed, will initiate a 504 plan.

RESPONSIBILITIES OF THE STUDENT'S PARENTS

Parents will communicate the medical diagnosis to the CMT. Recovery from concussion is not a linear process. Therefore, parents will track symptoms and continue to communicate progress to the CMT Coordinator.

RESPONSIBILITIES OF THE STUDENT'S TEACHERS AND COACHES

Teachers and coaches will follow the Gradual Return to Activity Plan. They will implement adjustments, monitor the student's symptoms, and communicate regularly with the CMT Coordinator.

RESPOND RESPONSIBILITY CHART

ATC/Coach

IMMEDIATELY

- Remove athlete from play
- ATC (if available) or other healthcare provider evaluates/refers
- Arrange transport (ER or home)
- Notify parents, explain concussion response and provide Parent Packet

Day of Injury or Next Day
Notify CMT Coordinator

Parent

IMMEDIATELY

- Take student to ER (if possible) or contact healthcare provider

Monitor and track symptoms at home

Take student to healthcare provider appointments

When Available (usually 1–5 days)

Make sure CMT receives

- Permission to Release Information
- Academic Adjustments
- Medical Release (if appropriate at this time)

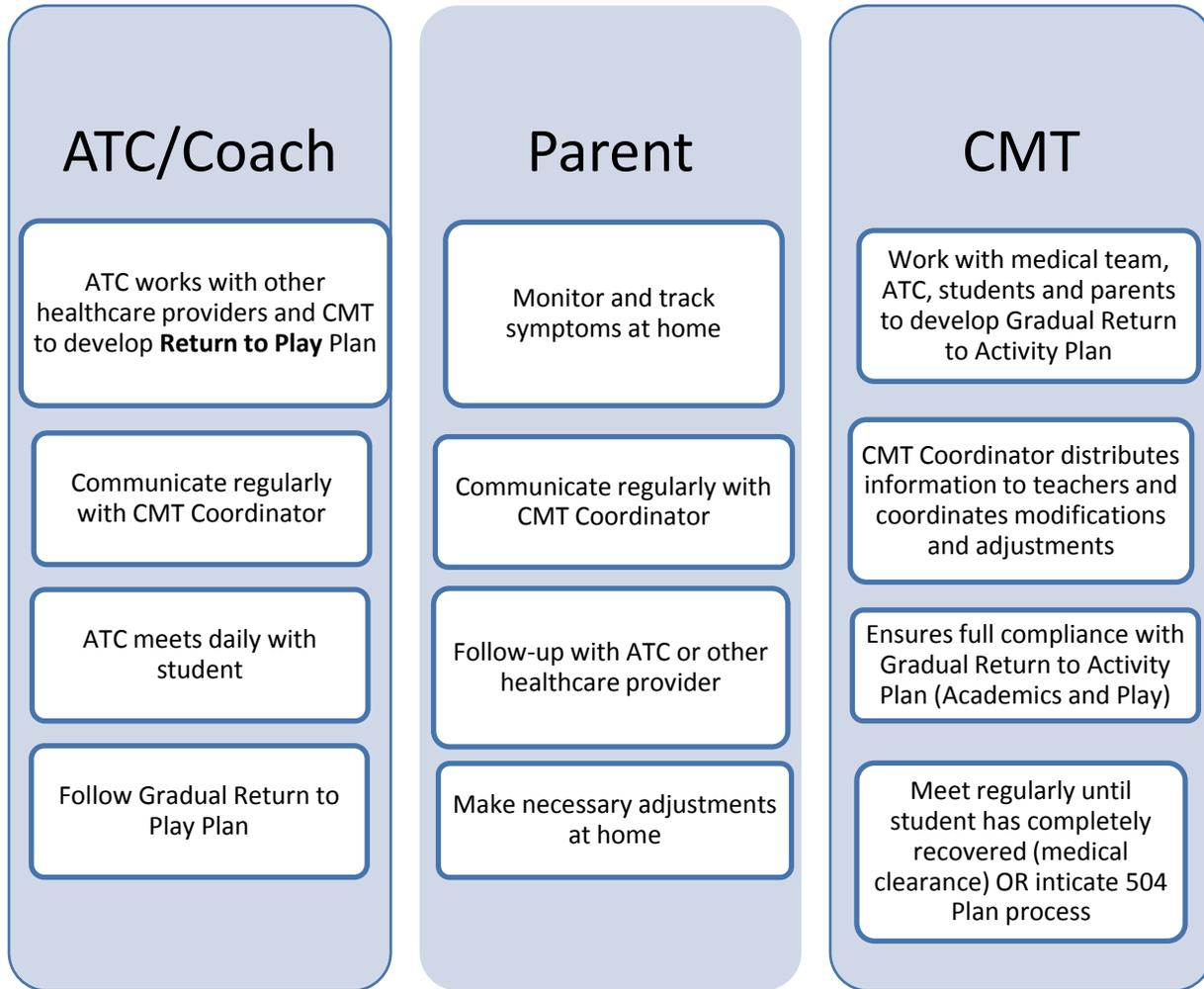
CMT

DAY OF INJURY OR NEXT MORNING

- CMT Coordinator notifies school counselor, teachers, and other staff

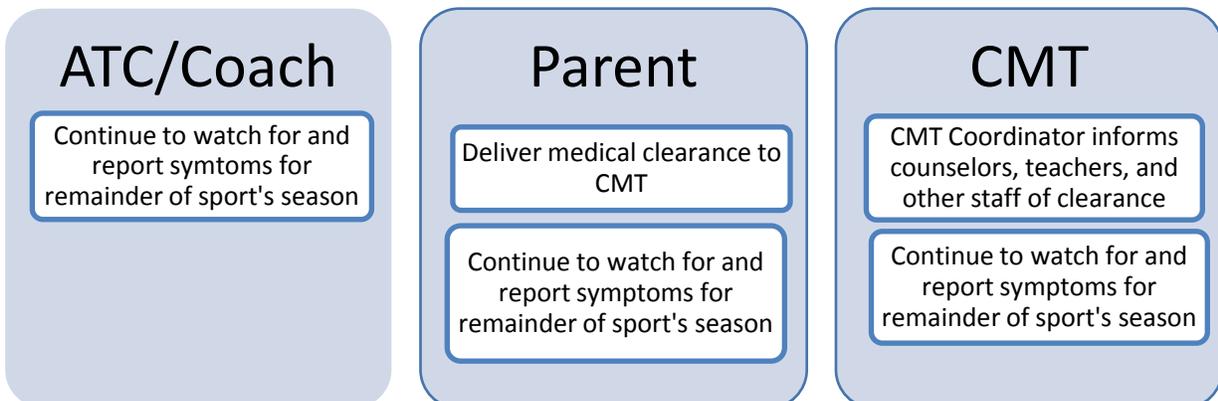
Ensure incident is fully documented

RETURN RESPONSIBILITY CHART – GRADUAL RETURN TO ACTIVITY



RETURN RESPONSIBILITY CHART – GRADUAL RETURN TO PLAY

Note: Student should be 100% back to academics BEFORE starting gradual return to play.



POST-CONCUSSION SYMPTOM CHECKLIST

Name: _____

Date: ____/____/____

Instructions: For each item please indicate how much the symptom has bothered you over the **past 2 days**

Symptoms		none	mild		moderate		severe	
Physical	Headache	0	1	2	3	4	5	6
	Nausea	0	1	2	3	4	5	6
	Vomiting	0	1	2	3	4	5	6
	Balance Problem	0	1	2	3	4	5	6
	Dizziness	0	1	2	3	4	5	6
	Visual Problems	0	1	2	3	4	5	6
	Fatigue	0	1	2	3	4	5	6
	Sensitivity to Light	0	1	2	3	4	5	6
	Sensitivity to Noise	0	1	2	3	4	5	6
	Numbness/Tingling	0	1	2	3	4	5	6
	Pain other than Headache	0	1	2	3	4	5	6
Thinking	Feeling Mentally Foggy	0	1	2	3	4	5	6
	Feeling Slowed Down	0	1	2	3	4	5	6
	Difficulty Concentrating	0	1	2	3	4	5	6
	Difficulty Remembering	0	1	2	3	4	5	6
Sleep	Drowsiness	0	1	2	3	4	5	6
	Sleeping Less than Usual	0	1	2	3	4	5	6
	Sleeping More than Usual	0	1	2	3	4	5	6
	Trouble Falling Asleep	0	1	2	3	4	5	6
Emotional	Irritability	0	1	2	3	4	5	6
	Sadness	0	1	2	3	4	5	6
	Nervousness	0	1	2	3	4	5	6
	Feeling More Emotional	0	1	2	3	4	5	6

Exertion: Do these symptoms worsen with:

Physical Activity Yes No Not applicable

Thinking/Cognitive Activity Yes No Not applicable

Overall Rating: How different is the person acting compared to his/her usual self?

Same as Usual 0 1 2 3 4 5 6 Very Different

Activity Level: Over the past two days, compared to what I would typically do, my level of activity has been _____% of what it would be normally.