

Concussion Protocol - Website

CORNING – PAINTED POST SCHOOL DISTRICT

CONCUSSION PROTOCOL

CONCUSSION GUIDELINES AND PROCEDURES

PREVENTION

The Corning-Painted Post School District recognizes that protecting students from head injuries is one of the most important ways of preventing a concussion. Although the risk of a concussion is present with certain types of sports; education, proper athletic equipment and supervision will help minimize the risk(s) of such injuries. The Corning – Painted Post School District’s equipment for our athletic teams is certified to meet the national standards approved by the National Organization for Care and Safety of Athletic Equipment (NOCSAE).

The Corning-Painted Post Athletic Coaches, Athletic Trainer and/or School Nurses will inform athletes and parents of the signs and symptoms of concussions, how such injuries occur, and possible long term effects resulting from such injuries.

In addition, it is imperative that students know the symptoms of a concussion and to inform appropriate personnel, even if they believe that they have sustained the mildest of concussions. This information should be reviewed periodically with student athletes throughout each season. Emphasis must be placed on the need for medical evaluation should such an injury occur to prevent persisting symptoms of a concussion, and following the guidelines for return to school and activities. It is extremely important that all students be made aware of the importance of reporting any symptoms of a concussion to their parent/guardian and/or appropriate district staff.

EDUCATION

Concussion education should be provided for all coaches, school nurses and athletic trainers. Education of parents should be accomplished through preseason meetings for sports and/or information sheets provided to parents. Education should include, but not limited to the definition of a concussion, signs and symptoms of a concussion, how concussions may occur, management of the injury and the protocol for return to school and return to activity or interscholastic athletics. The protocols will cover all students returning to school after suffering concussion regardless if the accident occurred outside of school or while participating in a school activity.

The Concussion Management and Awareness Act, specifically Chapter 496 of the Laws of 2011 requires that school coaches, physical education teachers, nurses and athletic trainers complete a New York State Education Department (NYSED) approved course on concussions and concussion management every two years. NYSED has approved the course *Heads Up, Concussion in Youth Sports* for physical education teachers and coaches. It is a free web-based course developed by the CDC. It is available at http://www.cdc.gov/concussion/HeadsUp/online_training.html

NYSED has approved the course *Heads Up to Clinicians* for school nurses and athletic trainers to be completed every two years. It is a free web-based course developed by the CDC and available at <http://preventingconcussions.org/>.

CONCUSSION MANAGEMENT TEAM

The District has established a concussion management team (CMT). The CMT includes the Athletic Director, school nurses, coaches, physical education teacher, physician assistant/athletic trainer and school physician. The CMT will collaborate with the private medical provider, the student and the student's family to assist the student to recovery. The Athletic Director will coordinate information/training for all physical education teachers, coaches, and parents. Training is mandatory for all physical education teachers, coaches, assistant coaches and volunteer coaches that work with student athletes. It is also mandatory for all school nurses and certified athletic trainers. In addition, information related to concussions will be provided to parents at the beginning of sports seasons. The Heads Up on Concussion Fact Sheet for Parents will be given to parents of high school and middle school athletics. This information will also be on the Athletics link on the Corning – Painted Post School District Web Site. Parents need to be aware of the school district's policy and procedures and how these injuries will ultimately be managed by school officials and the information they will need to give to the school nurse from their medical provider.

Students also need to be educated as a concussion is primarily diagnosed by reported and/or observed signs and symptoms. These guide the members of the team in transitioning the student back to activities. Therefore students should be educated in the following areas

- Prevention of head injuries
- Signs and symptoms that must be reported to the coach, certified athletic trainer, school nurse, parent/guardian, or other staff
- Risk of concussion
- Informing their coach, parent/guardian, certified athletic trainer, school nurse or other staff members about injuries or symptoms they are experiencing
- Risk of severe injury, permanent disability, and even death that can occur with re-injury by resuming normal activities before recovering from a concussion
- Following the instructions from their private medical provider
- Asking for help and informing teachers of difficulties they experience in class and when completing assignments
- Encouraging classmates and teammates to report injuries
- Promoting an environment where reporting signs and symptoms of a concussion is considered acceptable

Training should also include: signs and symptoms of concussions, post-concussion and second impact syndromes, return to play and school protocols, and available area resources for concussion management and treatment. Particular emphasis should be placed on the fact that no athlete will be allowed to return to play the day of injury and also that all athletes should obtain appropriate medical clearance prior to returning to play or school.

The CMT will act as a liaison for any student returning to school and/or play following a concussion. The CMT will review and/or design an appropriate plan for the student while the student is recovering.

The school district CMT will utilize the NYSPHSAA website as well as

<http://www.nichd.nih.gov/news/resources/spotlight/pages/020612-concussions.aspx>

for information related to the signs and symptoms of concussions and the appropriate return to play protocols. A handout describing the Concussion Management Team is also available on the NYSPHSAA website. A Concussion

Management Check List that has been approved and recommended by CDC will be utilized
www.cdc.gov/concussion

Concussion Management Protocol

1. Prior to the beginning of each sports season, all athletes participating in contact sports (football, soccer, gymnastics, basketball, lacrosse, diving, softball, baseball, cheerleading, wrestling, and pole vaulting) will have an Impact Assessment Tool evaluation. This information will be used to assess any changes in the event a student experiences a concussion. Parents will be notified about the testing and can notify the Athletic Director if they wish to exclude their student from the testing
2. If a student sustains a possible head injury during school hours, the student is to be seen by the school nurse. It is the responsibility of the supervising adult to ensure that the school nurse is summoned or the student is taken to the nurse.
3. The school nurse will follow the first aid protocols for a suspected head injury. The school nurse will also provide parents/guardians with oral and/or written instructions on observing the student for concussive complications that warrant immediate emergency care.
4. If the student sustains a possible head injury after school hours, the coach, athletic trainer, or supervising adult will remove the student from the activity, follow first aid protocols and follow the notification protocol. The supervising adult will notify the school nurse that evening or the next school day and complete the accident report.
5. The school nurse will be responsible for follow-up and coordination between the student, parents, physical education teachers, coaches, athletic trainer, school physician and student's health care provider.
6. **In keeping with the law, if a student is suspected to have a concussion, either based on disclosure of the head injury, observed or reported symptoms, or by sustaining a significant blow to the head or body, the student must be removed from athletic activity and/or physical activities (e.g. PE class, recess) and may not be returned to athletic activities until he/she has been symptom free for a minimum of 24 hours and has been evaluated by and receives written and signed authorization to return to activities by a licensed physician, nurse practitioner or physician assistant. Due to the need for cognitive rest, a student should not be required to write a report if they are not permitted to participate in PE class by their medical provider.**
7. When the student's parent has provided the physician authorization to return to activities, the school nurse will review the medical provider's written clearance for the student to begin graduated physical activity. If the student is still experiencing symptoms, or if the medical history, concussion severity etc., concern the nurse, she will consult with the medical director to determine if the student is ready to return. **The Chief School Physician will make the final decision when a student will be allowed to return to physical activities.**
8. When the nurse/medical director determines it is safe for the student to return to play, the coach will be notified that the athlete may begin the return to play protocol.
9. If the student sustains a head injury other than in a school activity, the parents should notify the school nurse and the student will not return to physical activity until the nurse receives written and signed authorization to return to activities by the student's health care provider (licensed physician, nurse practitioner or physician assistant).
10. Elementary students and secondary students who are not involved in sports must have written authorization from their health care provider and be symptom free without medication for seven days before returning to physical education, recess or any other physical activity at school. Due to the need for cognitive rest, a student should not be required to write a report if they are not permitted to participate

in PE class by their medical provider. The school nurse will notify the physical education teacher that the student has sustained a concussion and is ready to return to physical activity. The physical education teacher will remove the student from play if there are any complaints of headaches, dizziness or any other adverse reactions. The nurse will then notify the parents that the student is being removed from physical activity and discuss follow-up care with the medical provider.

Return to play – Athletes

The law requires that students who sustain, or are suspected to have sustained a concussion during athletic activities be immediately removed from such activities. Student may NOT return to athletic activities until they have been symptom-free for a minimum of 24 hours and have been evaluated by, and receive written and signed authorization to return to activities from a licensed physician, nurse practitioner or physician assistant.

Return to play following a concussion involves a stepwise progression once the individual is symptom free for at least 24 hours. There are many risks to premature return to play including: a greater risk for a second concussion threshold, second impact syndrome (abnormal brain blood flow that can result in death), exacerbation of any current symptoms, and possibly increased risk for additional injury due to alteration in balance. No student athlete should return to play while symptomatic. Students are prohibited from returning to play the day the concussion is sustained. If there is any doubt as to whether that a student has sustained a concussion, it should be treated as a concussion. Once the student athlete is symptom free at rest for 24 hours without pain medication and has a signed release by the treating clinician, and has been cleared by the school nurse/school physician, she/he may begin the return to play progression below (provided there are no other mitigating circumstances). The return to play will be supervised by the school nurse for student athletics.

Phase 1 – low impact, non-strenuous, light aerobic activity such as walking or riding a stationary bike. If tolerated without a return of symptoms over a 24 hour period proceed to;

Phase 2 – higher impact, higher exertion, and moderate aerobic activity such as running and jumping rope. No resistance training. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 3 – Sport specific non-contact activity. Low resistance weight training with a spotter. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 4 – Sport specific activity, non-contact drills. Higher resistance weight training with a spotter. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 5 – Full contact training drills and intense aerobic activity. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 6 – Return to full activities without restrictions.

Each step should take 24 hours so that an athlete would take approximately one week to proceed through the full rehabilitation protocol once they are asymptomatic at rest and with provocative exercise. If any post-concussion symptoms occur while in the stepwise program, then the student should drop back to the previous asymptomatic level and try to progress again after a further 24-hour period of rest has passed. If a student is not progressing or

there is an indication of a more serious head injury, the school nurse will consult with the school physician and the student may be required to see a neurologist prior to continuing the Return to Play Protocol.

Return to play – Non-Athletes

The School Nurse and the Physical Education Teachers will be responsible for the return to play for non-athletes. The same documentation will be required from the student's private physician and the Chief School Physician will make the final decision as to when a student may return to physical activities. When the student is cleared, the school nurse will notify in writing the physical education teacher and the return to play will be initiated. The first week will involve rest, no physical activities and then the student will be slowly returned to play with the school nurse monitoring the progress.

Classroom Teacher

The school nurse will notify the student's teachers and guidance counselor that the student has sustained a concussion. Teachers should make accommodations that minimize aggravating symptoms so that the student has sufficient cognitive rest. The nurse will provide information from the private medical provider regarding limitations on the student during the recovery phase. Teachers can refer to the following websites for more information:

<http://www.upstate.edu/pmr/healthcare/programs/concussion/classroom.php>

http://www.cdc.gov/concussion/pdf/TBI_Returning_to_School-a.pdf

Students transitioning into school after a concussion might need academic accommodations to allow for sufficient cognitive rest. These include, but are not necessarily limited to:

- Shorter school day
- Rest periods
- Extended time for tests and assignments
- Copies of notes
- Alternative assignments
- Minimizing distractions
- Permitting student to audiotape classes
- Peer note takers
- Provide assignments in writing
- Refocus student with verbal and nonverbal clues

With written documentation from the medical provider, a 504 plan may need to be initiated until the student has recovered from the concussion.

Concussion Signs and symptoms for Classroom Teacher

Physical Symptoms

- Headache
- Neck pain
- Nausea
- Lack of energy and constantly feeling physically and mentally tired
- Dizziness, light-headedness, and loss of balance
- Blurred or double vision and sensitivity to light
- Increased sensitivity to sounds
- Ringing in ears
- Loss of sense of taste and smell
- Change in sleep patterns especially waking up a lot at night

Cognitive Symptoms

- Difficulty concentrating and paying attention
- Trouble with learning and memory
- Problems with word finding and putting thoughts into words
- Easily confused and losing track of time and place
- Slower in thinking, acting, reading, and speaking
- Easily distracted
- Trouble doing more than one thing at a time
- Lack of organization in everyday tasks

Social and Emotional Symptoms

- Mood changes including irritability, anxiousness, and tearfulness
 - Decreased motivation
 - Easily overwhelmed
 - More impulsive
 - Withdrawn and wanting to avoid social situations especially if there is a lot of people.
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CONCUSSION MANAGEMENT POLICY

The Board of Education recognizes that concussions and head injuries can occur with children and adolescents who participate in sports, recreational activities and extracurricular activities can have serious consequences if not managed carefully. In accordance with the *New York Concussion Management and Awareness Act*, the District adopts the following policy to support the proper evaluation and management of head injuries.

A concussion is a mild traumatic brain injury. Concussion occurs when normal brain functioning is disrupted by a blow or jolt to the head. Recovery from concussion will vary. Avoiding re-injury and over-exertion until fully recovered are the cornerstones of proper concussion management.

While District staff will exercise reasonable care to protect students, head injuries may still occur. Physical education teachers, coaches, nurses, athletic trainers, and other appropriate staff shall receive training on a biennial basis to recognize the signs, symptoms, and behaviors consistent with a concussion. Any student exhibiting those signs, symptoms or behaviors while participating in a school-sponsored class, extracurricular activity or interscholastic athletic activity shall be removed immediately from the game or activity and shall not return to such game or activity until he or she has been

symptom-free for at least 24 hours and cleared by a licensed physician. The school nurse will notify the student's parents or guardians and recommend appropriate monitoring to parents or guardians.

If a student sustains a concussion at a time other than when engaged in a school-sponsored activity, the District expects the parent/legal guardian to report the condition to the coach and/or school nurse so that the District can support the appropriate management of the condition.

The student shall not return to school or activity until the student has been evaluated by and received written and signed authorization from a licensed physician. Such authorization shall be kept on file in the student's permanent health record. In the event of any question as to the student's condition, the school's chief medical officer will make the final decision on return to activity including physical education class and after-school sports. Any student who continues to have signs or symptoms upon return to activity must be removed from play and reevaluated by their health care provider.

Once the student is symptom free at rest for 24 hours without pain medication and has a signed release by the treating clinician, and has been cleared by the school nurse/school physician, she/he may begin the six phase return to play progression (provided there are no other mitigating circumstances). The return to play will be supervised by the school nurse.

Information relating to mild traumatic brain injuries, including the definition of a "concussion", signs and symptoms of mild traumatic brain injuries, how such injuries may occur, and guidelines for the student's return to school shall be posted on the District's website. Further, such information shall also be included on any permission or consent form that parents/guardians must sign for a student's participation in interscholastic sports.

The District has assembled a Concussion Management Team (CMT) to oversee the implementation of this policy. The CMT may also establish and implement a program that provides information on mild traumatic brain injuries to parents and guardians throughout each school year.

CMT Members include: Athletic Director; School Physician; Athletic Trainer; School Nurse; Physical Education Teacher; Coach

Ref: Concussion Management and Awareness Act, 2011 N.Y. Laws, Chap. 496

Adopted: November 16, 2011

