

CONCUSSION GUIDELINES AND PROCEDURES

Education

Concussion education should be provided for all administrators, teachers, coaches, school nurses, athletic trainers and guidance counselors. Education of parents should be accomplished through preseason meetings for sports and/ or information sheets provided to parents. Education should include, but not be limited to the definition of concussion, signs and symptoms of concussion, how concussions may occur, why concussions are not detected with CT Scans or MRI's, 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 a concussion regardless if the accident occurred outside of school or while participating in a school activity.

Concussion Management Team

The District will assemble a concussion management team (CMT). The CMT will consist of the Athletic Director(s), school nurse, a minimum of one coach, and school physician. The District's CMT should coordinate training for **ALL** administrators, teachers, coaches and parents. Training should be **mandatory** for all coaches, assistant coaches and volunteer coaches that work with these student athletes regularly. In addition, information related to concussions should also be included at parent meetings or in information provided to parents at the beginning of sports seasons. Parents need to be aware of the school district's policy and how these injuries will ultimately be managed by school officials.

Concussion Management Team (CMT)

*Athletic Director(s): Matt Seiberg & Marie Persch

*District Nurse: Jennifer Rammelt

*School Medical Doctor: Dr. Timothy Gorman

*Teacher/Coach (minimum of 1): Rob Fetterick

Training should 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 diagnosis of a concussion determined by a medical doctor/professional. The CMT will review and/or design an appropriate plan for the student while the student is recovering.

School district CMT's can utilize the NYSPHSAA website as well as www.keepyourheadinthegame.org for information related to the signs and symptoms of

concussions and the appropriate return to play protocols. A handout describing the Concussion Management teams is also available on the NYSPHSAA website. A Concussion Management Check List that has been approved and recommended by NYSPHSAA is available. (attached to the policy).

Concussion Management Protocol

Any athletes experiencing any of the following should be believed and evaluated by a medical **provider** (school medical doctor) before being allowed to return to play. The player is not allowed to return to play in the current game or practice even if symptoms seem to revolve (desolve).

The school nurse should be advised of all accidents or injuries requiring first aid, intervention, or parent notification, so she may follow up on the next school day (via phone call/text/email). Careful documentation by the coach of what happened is to be documented (completed) on student injury report and original sent to school nurse who will then review and send to the District Office.

Student will immediately be removed from play, be referred to private health care provider or 911 EMS, and have parent notification when any of the following occurs:

- ✓ Suspicion of concussion (any board approved member of coaching staff)
- ✓ Persistent or recurrent chest pain, dizziness, tightness in the chest, complaints of palpitations, racing heart or fainting
- ✓ Shortness of breath
- ✓ Any injury or blow to the head, face, neck or spine
- ✓ Suspected dehydration and/or heat exhaustion
- ✓ Any injury, illness, or condition where there is a serious question of concern that something does not seem right (observation of athlete)

Return to Competition after injury

Return to play following a concussion involves a stepwise progression once the individual is symptom free. When a student receives an injury which requires medical treatment by a doctor, the student must be re-qualified by the school physician before returning to competition. In the event that the school physician is not available, a different school selected physician may be used to re-qualify the student before returning to competition. This requirement is dictated by state law to prevent serious injury to the athlete from taking place. **The school nurse will need the original medical release from the doctor the athlete was seen by in order to make arrangements for the re-qualification.** The athlete does not practice before receiving medical clearance and have turned in the clearance form to the nurse.

There are many risks to premature return to play including: a greater risk for a second concussion because of a lower 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. These NYSPHAA current returns to play recommendations are based on the most recent international expert opinion.

* 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 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 and has a signed release by the treating physician, she/he may begin the return to play progression below (provided there are no other mitigating circumstances).

Day 1: Light aerobic activity

Day 2: Sport-specific activity

Day 3: Lower resistance training

Day 4: Non-contact training drills - Post concussion testing will be completed

Day 5: Full contact practice

Day 6: Return to play

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.

GRADUAL RETURN TO PLAY PROTOCOLS

Under the Supervision of Coach/Nurse/Athletic Director

Day 1: Symptom free in low impact, light aerobic activity; no resistance training (easy walking, biking, swimming in three, ten minute intervals). At beginning of following day, the student is to check in with nurse and report previous day's activities, presence of symptoms, functioning at home, completion of assignments, etc. As needed, the nurse will be in contact with the student's parent, teachers, and medical provider. Gradual progression will be based on summary findings of the nurse and/or coach. As appropriate, the nurse and/or coach will provide the student with permission to advance to Day 2 of the gradual progression of the return to play process. Coaches will know that a student has been approved to the advancement of Day 2 when the athlete presents a RTP checklist from the nurse to the coach. The district nurse will sign off and date the protocol checklist. After practice, the coach will sign off on the protocol checklist and return to the athlete. Athlete must return to nurse daily for check in and signature.

Day 2: Symptom free in sport specific exercise (e.g. higher impact, higher exertion activity in two 15 minute intervals, such as running/jumping rope, activity without collision, or other cardio exercise). At the beginning of the following day, the student is to check in with the nurse and report on the previous day's activities, presence of symptoms, functions at home, completion of assignments, and level of mentation. As needed, the nurse will be in contact with the student's parent, and teachers. Gradual progression will be based on this collaboration and summary findings of the nurse and/or coach. As appropriate, the nurse and/or coach will provide the student with permission to advance to Day 3 of the gradual progression of the return to play process. Coaches will know that a student has been approved to the advancement of Day 3

when the athlete presents a RTP checklist from the nurse to the coach. The district nurse will sign off and date the protocol checklist. After practice, the coach will sign off on the protocol checklist and return to the athlete. Athlete must return to nurse daily for check in and signature.

Day 3: Symptom free in progressive addition of low resistance training, progressing with shorter breaks and adding 10 to 15 minutes stationary skill work, such as dribbling, serving, tossing a ball (balls should not be thrown or kicked in the direction of the student). At the beginning of the following day, the student is to check in with the nurse and report on the previous day's activities, presence of symptoms, functions at home, completion of assignments and level of mentation. As needed, the nurse will be in contact with the student's parent, and teachers. Gradual progression will be based on this collaboration and summary findings of the nurse and/or coach. As appropriate, the nurse and/or coach will provide the student with permission to advance to Day 4 of the gradual progression of the return to play process. Coaches will know that a student has been approved to the advancement of Day 4 when the athlete presents a RTP checklist from the nurse to the coach. The district nurse will sign off and date the protocol checklist. After practice, the coach will sign off on the protocol checklist and return to the athlete. Athlete must return to nurse daily for check in and signature.

Day 4: Non-contact training drills and Post concussion ImPact testing will be completed. After consultation with school nurse practitioner or school physician, the student may be further cleared to non-contact training drills. This includes sprinting/running, high-intensity stationary biking, and regular weightlifting routine, non-contact sport-specific drills. At the beginning of the following day, the student is to check in with the nurse and report on the previous day's activities, presence of symptoms, functions at home, completion of assignments, and level of mentation. As needed, the nurse will be in contact with the student's parent, and teachers. Gradual progression will be based on this collaboration, feedback from the nurse and/or coach. As appropriate, the nurse and/or coach will provide the student with permission to advance to Day 5 of the gradual progression of the return to play process. Coaches will know that a student has been approved to the advancement of Day 5 when the athlete presents a RTP checklist from the nurse to the coach. The district nurse will sign off and date the protocol checklist. After practice, the coach will sign off on the protocol checklist and return to the athlete. Athlete must return to nurse daily for check in and signature.

Day 5: Symptom free in full contact training drills. At the beginning of day 5, the student is to check in with the nurse and report on the previous day's activities, presence of symptoms, functions at home, completion of assignments and level of mentation. As needed, the nurse will be in contact with the student's parent, teachers, district nurse practitioner and/or district physician. Gradual progression will be based on this collaboration, feedback from the nurse and/or coach. As appropriate, the nurse and/or coach will provide the student with permission to advance to Day 6 of the gradual progression of the return to play process. Coaches will know that a student has been approved to the advancement of Day 6 when the athlete presents a RTP checklist from the nurse to the coach. The district nurse will sign off and date the protocol

checklist. After practice, the coach will sign off on the protocol checklist and return to the athlete. Athlete must return to nurse daily for check in and signature.

Day 6: Symptom free, full return to Interscholastic Sports under the monitoring of the nurse and/or coach.

1. The nurse will maintain a medical record of all injured students, care and follow up rendered in each athlete attended.
2. The nurse and coach will collaborate daily on any athlete for all relevant matters, and include the school nurse and parents as indicated.
3. During the school week all medical notes must be channeled through the school nurse for processing. All clearance for participation post any injury will be coordinated and followed by the school nurse with ongoing dialogue between the nurse and the coach (via protocol checklist). Coaches will know that a student has been properly cleared when the athlete presents a RTP note from the nurse to the coach and there has been communication about this athlete.
4. Medical provider notes received on a weekend or school break will be at the discretion of the Athletic Director/nurse/coach based upon the protocols followed within the scope of practice policy. At any time, the nurse may speak directly with the parent to seek clarity on any notes received. When school reconvenes, the note(s) must be presented and discussed with the school nurse.

Coach will fill out protocol checklist completely and return to the nurse prior to returning an athlete to competition.

No Athlete should return to contact competitive sports until they are symptom free.

*If headaches or other symptoms occur during any step, the activity needs to be stopped. The parent will need to contact the student's private medical doctor or Neurologist for consult or re-evaluation and further documentation will be required.

*All concussion records will be kept in the MS/HS nurse's office.

Education For Coaches, Physical Education Teachers, Nurses, Athletic Trainers:

Each school coach, physical education teacher, nurse, and athletic trainer will have to complete an approved course on concussion management on a biennial basis, starting with the 2012-2013 school year.

School coaches and physical education teachers must complete the CDC course: (www.cdc.gov/concussion/HeadsUp/online_training.html)

School nurses and certified athletic trainers must complete the concussion course: (<http://preventingconcussions.org>)

CONCUSSION MANAGEMENT RESOURCES

- **SCAT Card**
- **ImPact Concussion Testing (baseline/post)**
- **Accident Reports**
- **NYSHPSAA Parent/Student Information Sheet**
- **Concussion Checklist**
- **Physician Evaluation**
- **RTP (Return to Play Protocol)**
- **Heads Up Fact Sheets for Parents, Athletes, and Coaches**

Brocton Central School

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Concussion Policy

The Brocton Central School District ("The District") recognizes that concussions and head injuries are commonly reported injuries in children and adolescents who participate in sports and recreational activity and can have serious consequences if not managed carefully. Therefore, the District adopts the following policy to support the proper evaluation and management of head injuries.

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 and other appropriate staff will receive training 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 from the game or activity and be evaluated as soon as possible by an appropriate health care professional. The District 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 District so that the district can support the appropriate management of the condition. The student shall not return to school or activity until authorized to do so by an appropriate health care professional. 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. I have read and understand the WACS Concussion Policy. I have also read and understand the CDC informational sheet that was provided to me.

Athlete's Name: _____

Parent Signature: _____

Date: _____

What is a concussion? (From www.cdc.gov/Concussion)

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

What are the signs and symptoms of a concussion?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

Headache or "pressure" in head	Nausea or vomiting
Balance problems or dizziness	Double or blurry vision
Sensitivity to light	Sensitivity to noise
Feeling sluggish, hazy, foggy, or groggy	Concentration or memory problems
Confusion	Just "not feeling right" or "feeling down"
Forgets an instruction	Shows mood, behavior, or personality changes
Appears dazed or stunned	Is confused about assignment or position
Is unsure of game, score, or opponent	Moves clumsily
Answers questions slowly	Loses consciousness (even briefly)

How can you help your child prevent a concussion or other serious brain injury?

Ensure that they follow their coach's rules for safety and the rules of the sport. Encourage them to practice good sportsmanship at all times. Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained. Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.

However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

What should you do if you think your child has a concussion?

SEEK MEDICAL ATTENTION RIGHT AWAY. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

KEEP YOUR CHILD OUT OF PLAY. Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION. Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

If you think your teen has a concussion:

Don't assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

It's better to miss one game than the whole season.