

Students

SUBJECT: COMPREHENSIVE CONCUSSION MANAGEMENT REGULATION

The Board recognizes that concussions and head injuries are the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. A concussion is a mild traumatic brain injury (MTBI). A concussion occurs when normal brain functioning is disrupted by a blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Recovery from concussion and its symptoms will vary. Avoiding re-injury and over-exertion until fully recovered are the cornerstones of proper concussion management. Concussions can impact a student's academic life as well as their athletic pursuits. Therefore, the _____ School District has developed the following regulation for the implementation of the Concussion Management and Awareness Act and Commissioner's Regulations to support the proper evaluation and management of concussion injuries.

Concussion Management Team

The District may establish a Concussion Management Team (CMT) which will oversee and implement the District's concussion management policies and protocols. The team may include:

- 1) The Athletic Director and/or Director of Physical Education;
- 2) A school nurse;
- 3) District Medical Director;
- 4) A coach and/or Physical Education teacher;
- 5) A certified athletic trainer;
- 6) Students;
- 7) Parents;
- 8) School Administration/Pupil Personnel Services staff;
- 9) Teacher;
- 10) Private medical provider or specialist;
- 11) Other appropriate personnel as designated by the school district.

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The primary focus of the team is student health and recovery. The following is a list of tasks that may be performed by the Concussion Management Team:

- 1) Oversee the training of coaches, physical education teachers, nurses and athletic trainers on concussion and MTBI.
- 2) Implement a coordinated communication plan to ensure that all staff is aware of and following post-concussion orders from private physicians. If necessary, the CMT can implement a plan similar to an individualized healthcare plan used by the school nurse to communicate post-concussion orders and symptoms to look out for in injured students.
- 3) Work with the District's Medical Director to establish a standard treatment plan and emergency procedure for use when a student sustains a concussion during the school day or at a school-sponsored athletic event.
- 4) Advocate for appropriate academic and physical accommodations to reduce delays in a student's ability to return to full activities.
- 5) Provide information on concussion to parents and persons in parental relations throughout each school year. The required information will be included in athletic handbooks and permission forms before each sports season.
- 6) Ensure that there is a link to online concussion management information from the NYS Department of Health and NYSED included on the athletic department's page of the School District website, if one exists.

Staff Training/ Course of Instruction

Each school coach, physical education teacher, school nurse and certified athletic trainer who works with and/or provides instruction to students in school-sponsored athletic activities (including physical education class and extracurricular activities) shall complete a course of instruction every two (2) years related to recognizing the symptoms of concussions or MTBIs, and monitoring and seeking proper medical treatment for students who suffer from concussion or MTBI.

Components of the course will include:

- 1) The definition of MTBI;
- 2) Signs and symptoms of MTBI/concussion;

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- 3) How MTBIs may occur;
- 4) Practices regarding prevention; and
- 5) Guidelines for the return to school and school activities for a student who has suffered an MTBI, even if the injury occurred outside of school.

The course can be completed by a means of instruction approved by SED including, but not limited to, courses provided online and by teleconference. The team will utilize a system to document all required training for District staff. Because concussion symptoms may manifest themselves in any setting, all school staff will be encouraged to take the online training and be alert for students who may display or report concussion symptoms.

Identification of Concussions

Any student demonstrating signs, symptoms or behaviors consistent with a concussion while participating in a class, extracurricular activity, or interscholastic athletic activity shall be removed from the class, game or activity and be evaluated as soon as possible by an appropriate health care professional. The student should be observed until an evaluation is completed by a medical professional or turned over to the care of his/her parent or person in parental relation. The District shall notify the student's parents or guardians and recommend appropriate evaluation and monitoring.

Symptoms of a concussion include, but are not limited to:

- 1) Amnesia (e.g., decreased or absent memory of events prior to or immediately after the injury, or difficulty retaining new information);
- 2) Confusion or appearing dazed;
- 3) Headache or head pressure;
- 4) Loss of consciousness;
- 5) Balance difficulty or dizziness, or clumsy movements;
- 6) Double or blurry vision;
- 7) Sensitivity to light and/or sound;
- 8) Nausea, vomiting, and/or loss of appetite;

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- 9) Irritability, sadness or other changes in personality;
- 10) Feeling sluggish, foggy, groggy, or lightheaded;
- 11) Concentration or focusing problems;
- 12) Slowed reaction times, drowsiness;
- 13) Fatigue and/or sleep issues (e.g., sleeping more or less than usual).

Students who develop any of the following signs, or if the above listed symptoms worsen, must be seen and evaluated immediately at the nearest hospital emergency room:

- 1) Headaches that worsen;
- 2) Seizures;
- 3) Looks drowsy and/or cannot be awakened;
- 4) Repeated vomiting;
- 5) Slurred speech;
- 6) Unable to recognize people or places;
- 7) Weakness or numbing in arms or legs, facial drooping;
- 8) Unsteady gait;
- 9) Dilated or pinpoint pupils, or change in pupil size of one eye;
- 10) Significant irritability;
- 11) Any loss of consciousness;
- 12) Suspicion of skull fracture: blood draining from ear, or clear fluid from nose.

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The _____ School District may allow credentialed District staff to use validated neurocognitive computerized testing as a concussion assessment tool. These programs establish baselines for student athletes and allow for post-concussion performance evaluations. The tests measure verbal and visual memory, processing speed and reaction time. These tools may include ImPACT (Immediate Post Concussion Assessment & Cognitive Testing), CogSport (also known as Axon), Headminders, and ANAM (Automated Neuropsychological Assessment Metrics).

The District also allows trained staff to use sideline assessment tools such as SCAT-2 (Sport Concussion Assessment Tool 2), SAC (Standardized Assessment of Concussion), or BESS (Balance Error Scoring System). The District recognizes the need for trained staff to administer such tests, along with the time and conditions needed for a successful evaluation of a student's condition.

The District will seek authorization from parent/guardians prior to baseline testing and will supply parents with a copy of the results. Staff will instruct parents to offer these results and the results from any sideline testing to medical providers to aid in the diagnosis and treatment of injured students. Neurocognitive testing is not a replacement for a medical evaluation to diagnose a concussion.

Neurocognitive testing will be scheduled for injured students approximately 24 hours post injury and then subsequently 48-72 hours later, until the student scores at his/her baseline level or an equivalent level that is acceptable to his/her physician.

Procedure for Removal of Student from Athletic Activities Due to Concussion

The District shall require the immediate removal of any student from athletic activities who has sustained, or is believed to have sustained based on reporting or display of symptoms, a mild traumatic brain injury (MTBI) or concussion. Such removal must occur regardless of whether the injury occurred inside or outside of school. In the event that there is any doubt as to whether the student has sustained a concussion, it shall be presumed that the student has been so injured until proven otherwise. Athletic activity shall include recess, physical education class, sports practices, intramurals, extramurals and interscholastic sports.

The following procedure will be followed in the event that a student sustains or is believed to have sustained a concussion during any school-sponsored activity:

- 1) The student will not be allowed to return to play in the current game, practice or event.
- 2) The student will not be left alone, and should be monitored regularly to check for deteriorating symptoms.

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- 3) Staff on the sidelines will be trained in the use of a concussion checklist. Results of all evaluations will be passed on to the student's physician to aid in diagnosis.
- 4) A concussion fact sheet will be given to the student and his/her parent or guardian.
- 5) Parents or guardians will be contacted following an injury. Parental contact information must be up to date in case of an emergency.
- 6) The student will be picked up by a parent or guardian over the age of 18. The student will not be released on his/her own or to a friend or fellow student.
- 7) If the injury is severe, an ambulance will be called to transport the student to the emergency room. If parents are not present, they will be contacted and instructed to meet the student and the ambulance at the emergency room.
- 8) The incident will be reported to the school nurse and an accident report must be filled out.
- 9) If the District utilizes Neurocognitive Testing as a concussion tool to obtain baseline and post-concussion performance data, the District will administer such tool to the student to gather post-concussion performance data and evaluate readiness for return to activity.

Post-Concussion Management

Students who have been diagnosed with a concussion require both cognitive and physical rest. Physical rest includes getting adequate sleep, taking frequent rest periods or naps, and avoiding physical activity that requires exertion. Cognitive rest requires that the student avoid participation in, or exposure to, activities that require concentration or mental stimulation.

Delay in instituting medical provider orders for such rest may prolong recovery from a concussion. Private medical provider's orders for avoidance of cognitive and physical activity and graduated return to activity should be followed and monitored both at home and at school. Districts should consult their Medical Director if further discussion and/or clarification is needed regarding a private medical provider's orders, or in the absence of private medical provider orders. Additionally, children and adolescents are at increased risk of protracted recovery and severe, possible permanent disability or even death if they sustain another concussion before fully recovering from the first concussion. Therefore, it is imperative that a student is fully recovered before resuming activities that may result in another concussion.

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Parents/guardians, teachers, and other district staff should watch for signs of concussion symptoms such as fatigue, irritability, headaches, blurred vision, or dizziness reappearing with any type of mental activity or stimulation. If any of these signs and symptoms occur, the student should cease the activity. Return of symptoms should guide whether the student should participate in an activity. Students may exhibit increased difficulties with focusing, memory, learning new information, and/or an increase in irritability or impulsivity. Districts should have internal procedures in place related to transitioning students back to school and for making accommodations for missed tests and assignments.

Initially a student with a concussion may only be able to attend school for a few hours per day and/or need rest periods during the day. Teachers should be aware of the limitations these students may face and the impact it will have on their academic performance. Rigorous mental activity can trigger symptoms and set back a student's recovery. Students may also be frustrated by their inability to perform as well as they could before the concussion. Teachers should consider following the procedure used for an excused absence for making up work and missed tests. Principals are permitted to authorize certain testing accommodations for students who incur an injury within 30 days of testing. If problems persist beyond six (6) months, a referral to the 504 Team may be considered.

Return to Play/Return to School

Once a student diagnosed with a concussion has been symptom free at rest for at least 24 hours, a private medical provider may choose to clear the student to begin a graduated return to activities. If a District has concerns or questions about the private medical provider's orders, the District Medical Director, with parental permission, should contact that provider to discuss and clarify. Additionally, the District Medical Director has the final authority to clear students to participate in or return to extra-class athletic activities in accordance with Commissioner's Regulations [8NYCRR 135.4(c)(7)(i)].

The District shall follow any directives issued by the student's treating physician with regard to limitations and restrictions on school and athletic activities for the student. Orders from the student's physician will be sent to the school nurse. The school nurse may use a plan similar to an individualized healthcare plan, to communicate post-concussion orders to necessary staff and to identify symptoms that may manifest themselves as the student returns to activity. Staff will be instructed to watch for symptoms or changes in behavior. The District's Medical Director may also formulate a standard protocol for treatment of students with concussions during the school day or at school-sponsored events.

Return to play following a concussion involves a stepwise progression. The following is a recommended sample return to physical activity protocol based on the Zurich Progressive Exertion Protocol:

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- Phase 1** - Low impact, non-strenuous, light aerobic activity such as walking or riding a stationary bike. If tolerated without return of symptoms over a 24 hour period proceed to;
- Phase 2** - Higher impact, higher exertion, and moderate aerobic activity such as running or 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.

Students should be monitored by designated District Staff daily following each progressive challenge, physical or cognitive, for any return of signs and symptoms of concussion. Staff members should report any observed return of signs and symptoms to the school nurse, certified athletic trainer, or administration in accordance with District policy. A student should only move to the next level of activity if he/she remains symptom free at the current level. Return to activity should occur with the introduction of one new activity each twenty-four (24) hours. If any post concussion symptoms return, the student should drop back to the previous level of activity, then re-attempt the new activity after another twenty-four (24) hours have passed. A more gradual progression should be considered based on individual circumstances and a private medical provider's or other specialist's orders and recommendations.