

CONCUSSION MANAGEMENT

The Board of Education recognizes that concussions and head injuries are the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. The physical and mental well-being of our students is a primary concern. Therefore, the Tuckahoe Union Free School District adopts the following Policy to support the proper evaluation and management of concussion injuries.

Definition

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 academics as well as their athletic pursuits.

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 recess) shall complete a course of instruction every two (2) years relating to recognizing the symptoms of concussions or MTBIs and monitoring and seeking proper medical treatment for students who suffer from a concussion or MTBI.

Components of the training will include:

- a) The definition of MTBI;
- b) Signs and symptoms of MTBI;
- c) How MTBIs may occur;
- d) Practices regarding prevention; and
- e) 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 means of instruction approved by the New York State Education Department (NYSED) which include, but are not limited to, courses provided online and by teleconference.

Information to Parents

The District shall include the following information on concussion in any permission or consent form or similar document that may be required from a parent/person in parental relation for a student's participation in interscholastic sports. Information will include:

- a) The definition of MTBI;
- b) Signs and symptoms of MTBI;

- c) How MTBIs may occur;
- d) Practices regarding prevention; and
- e) 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 District will provide a link on its website to the above list of information on the New York State Education Department's and New York State Department of Health's websites.

Identification of Concussion and Removal from Athletic Activities

The District shall require the immediate removal from all athletic activities of any student who has sustained, or is believed to have sustained, a MTBI or concussion. 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 immediately from the class, game or activity and must be evaluated as soon as possible by an appropriate health care professional. Such removal must occur based on display of symptoms regardless of whether such injury occurred inside or outside of school. If there is any doubt as to whether the student has sustained a concussion, it shall be presumed that the student has been injured until proven otherwise. The District shall notify the student's parents or guardians and recommend appropriate evaluation and monitoring.

Return to School Activities and Athletics

The student shall not return to physical activity (including athletics, physical education class and recess) until he/she has been symptom-free for not less than twenty-four (24) hours, and has been evaluated and received written authorization from a licensed physician. The District requires that any student with a suspected concussion be evaluated by his/her health care provider within 72 hours following initial injury. In accordance with the New York State Commissioner of Education's Regulations, the District's Medical Director/school physician will give final clearance on a return to activity for extra-class athletics. All such authorizations shall be kept on file in the student's permanent health record. The standards for return to athletic activity will also apply to injuries that occur outside of school. District staff should be aware that students may exhibit concussion symptoms caused by injuries from outside activities and that these visible symptoms also indicate a removal from school and athletic activities.

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. The District's Medical Director/school physician shall also formulate a standard protocol for treatment of students with concussions during the school day.

Return to play following a concussion involves a stepwise progression. A student must be cleared for return to play prior to beginning the "return to play protocol," as well as prior to returning to full activities without restrictions.

This Policy shall be reviewed periodically and updated as necessary in accordance with NYSED guidelines. The Superintendent, in consultation with the District's Medical Director/school

physician and other appropriate staff, shall develop regulations and protocols for strategies to prevent concussions, the identification of concussions, and procedures for removal from and return to activities or academics.

Ref:

Education Law §§207; 305(42); 2854

8 NYCRR §§135.4; 136.5

Guidelines for Concussion Management in the School Setting, SED Guidance Document, June 2012

Adoption date:

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 Tuckahoe Union Free 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.

I. 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;
- 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.

II. 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. The staff member that recognized the head injury will complete a District "concussion Evaluation Checklist" Form A (Appendix 1).

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;
- 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.

III. Sideline Assessments

The District allows trained staff to use sideline assessment tools such as, but not limited to, 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.

IV. 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, an 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. 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.
- 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.

V. 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/physician 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.

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. The Districts shall develop internal procedures in place related to transitioning students back to school and for making accommodations for missed tests and assignments.

VI. 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. The District "Physician Evaluation Form Post Concussion/MTBI" Form B must be completed by the private health care provider (Appendix 2). The District requires that any student with a suspected concussion be evaluated by his/her health care provider within 72 hours following initial injury. If District staff have concerns or questions about the private medical provider's orders, the District Medical Director/physician and/or school nurse, with parental permission, should contact that provider to discuss and clarify. Additionally, the District Medical Director/physician has the final authority to clear students to participate in or return to extra-class athletic activities in accordance with Commissioner's Regulations.

District staff 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 written 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/physician may also formulate a standard protocol for treatment of students with concussions during the school day or at school-sponsored events.

Once the student is cleared in writing by his/her health care provider, the Athletic trainer may begin a return to play protocol as outlined in the "return To Play Protocol Following Concussion" for all Tuckahoe Student-Athletes (Exhibit VII). Younger Elementary school students and non-athletes will be monitored by the school nurse and/or the school District physician who will notify Teachers, including, but not limited to, Physical Education teachers and Coaching staff of the student's return to play and academic re-entry plan. Return to play following a concussion involves a stepwise progression. A student must be cleared for return to play prior to beginning the "return to play protocol," as well as prior to returning to full activities without restrictions. The following is the District's return to play protocol:

VII. Return to Play Protocol:

- Step 0: No exertion or activity until asymptomatic and clearance is granted by treating physician (Form B).
- Step 1: Low impact, non-strenuous, light aerobic activity including walking, light jogging, or light stationary biking.
- Step 2: Moderate levels of physical activity with movement of the body and head. This includes moderate jogging, brief running, moderate intensity stationary biking and low intensity resistance training (lower weight, higher reps, no bench press or squat, reduced time and/or weight from typical workout).
- Step 3: Sport specific non-contact activity and/or moderate weight training with a spotter. This includes sprinting/running, conditioning drills and/or high intensity stationary biking.
- Step 4: Sport specific activity, non-contact drills. Higher resistance weight training with a spotter.
- Step 5: Full contact in a controlled practice.
- Step 6: Return to full activities with clearance from District Physician.

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. The District "Return to Play Evaluation Checklist" Form C must be completed by the school nurse and/or the Athletic Trainer (Appendix 4). 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 (1) 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.

The New York State Education Department (NYSED) and the New York State Department of Health (NYSDOH) recommend that a specific list of preventative strategies be appended to the Board Policy. Therefore, the Tuckahoe Union Free School District recommends the following strategies to minimize the risk of head injuries in the school setting and during all District sponsored events.

These strategies may include, but are not limited to:

- 1) Activities that present a higher than average risk for concussions should be identified. These may include: interscholastic athletics, extramural activities, physical education classes and recess.
- 2) The physical design of facilities and their safety plans should be evaluated to identify potential risks for falls or other injuries.
- 3) Recess should include adult supervision. All playground equipment should be in good repair, with play surfaces composed of approved child safety materials.
- 4) Physical education programs should include plans that emphasize safety practices. Lessons on the need for safety equipment should be taught, along with the correct use of such equipment.
- 5) Rules of play should be reviewed and emphasized before all physical activity is commenced and enforced throughout.
- 6) The Athletic Director (AD) or Director of Physical Education (PE) should provide leadership and supervision for all aspects of the physical education program, including class instruction, intramural activities, and interschool athletic competition. It is recommended that the Athletic Director (AD) or Director of Physical Education (PE) ensure that all interscholastic athletic competition rules are followed, appropriate safety equipment is used, and rules of sportsmanship are enforced.
- 7) PE Directors should ensure that PE teachers and coaches are instructing student athletes to refrain from initiating contact with their head or to the head of another player.
- 8) Players should be proactively instructed on sport-specific safe body alignment and be encouraged to be aware of their surroundings.
- 9) Instruction in PE and on the athletic field should include lessons on sportsmanship, defining unsportsmanlike conduct, and enforcing penalties for deliberate violations.

Adoption date:

RETURN TO PLAY PROTOCOL FOLLOWING CONCUSSION

The following protocol has been established in accordance with the University of NY State, State Education Department and Guidelines for Concussion Management in a School Setting, NYSPHSAA, as well as Zurich Concussion Consensus Statement 2008.

When an athlete shows any signs or symptoms of a concussion:

1. The Student-Athlete will not be allowed to return to play in the current game or practice.
2. The Student-Athlete should not be left without supervision because regular monitoring for deterioration in their condition is essential over the initial hours following the suspected injury.
3. The Student-Athlete must be evaluated by a medical professional following the suspected injury.
4. A Student-Athlete must follow the Return to Play Protocol before returning to activity. This Protocol will follow the following medically supervised process. Post-Concussion Highlights:
 - a. Student-Athletes will remain out of play for at least 7 days post concussion.
 - b. Students must be cleared by the District Physician in order to begin the Return to Participation Protocol.
 - c. The Return to Play progressions must be completed by the School Nurse, Athletic Trainer or District Physician prior to Final Clearance.
 - d. Final Clearance must be given by the District Physician and Health Office.

The cornerstone of proper concussion management is rest until all symptoms resolve and then a graded program of exertion before a full return to sport/activity. The program is broken down into six steps in which only one step is covered during a 24 hour period and each step may take more than 24 hours depending on any return of symptoms. The six steps involve the following:

Symptom Free Return to Play Progression

The District follows a stepwise activity progression based on recommendations from the Zurich Consensus Statement, 3rd International Conference on Concussion in Sport, 2008.

- Step 0: No exertion or activity until asymptomatic and clearance is granted by treating physician (Form B).
- Step 1: Low impact, non-strenuous, light aerobic activity including walking, light jogging, or light stationary biking.
- Step 2: Moderate levels of physical activity with movement of the body and head. This includes moderate jogging, brief running, moderate intensity stationary biking and

low intensity resistance training (lower weight, higher reps, no bench press or squat, reduced time and/or weight from typical workout).

- Step 3: Sport specific non-contact activity and/or moderate weight training with a spotter. This includes sprinting/running, conditioning drills and/or high intensity stationary biking.
- Step 4: Sport specific activity, non-contact drills. Higher resistance weight training with a spotter.
- Step 5: Full contact in a controlled practice.
- Step 6: Return to full activities with clearance from District Physician.

This progression should be followed by all, coaches, healthcare providers and parents. To go to the next step the student/athlete must remain symptom free for 24 hours and get clearance by the School Nurse, Athletic Trainer or District Physician to proceed to the next step. If the athlete has signs/symptoms, the progression must be stopped and the Health Office, Coach and Athletic Trainer notified. The number of days on each step may vary and duration questions referred to the Athletic Trainer, and Health Office staff and ultimately the District Physician. Typically, each stage is 24 hours and is a seven (7) day progression to full game play. If any concussion symptoms recur, the athlete should drop back to the previous level and try to progress after 24 hours of rest or be referred back to his/her physician. The student athlete should also be monitored for recurrence of symptoms due to mental exertion, such as reading, working on a computer, or taking a test.

The athletic trainer will handle the RTP for all Tuckahoe Student-Athletes. The school nurse and/or district physician with the assistance of the physical education teacher will handle the RTP for all non-athletes and elementary students. For those students receiving medical clearance to begin the RTP they must be assessed and reevaluated following the conclusion of each step every 24 hours by the school nurse/district physician and given clearance before they can move forward in the progression.

Note: Physicians evaluating concussed student/athletes must be "trained in the evaluation and management of concussions." Physician clearance notes inconsistent with the concussion policy will not be accepted and such matters will be referred to our school physician.

Adoption Date: