

## CONCUSSION (Head Injury) MANAGEMENT POLICY

### Thousand Islands Central

The Board of Education of the Thousand Islands Central School 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 has adopted the following policy to support the proper evaluation and management of head injuries as a direct result of the Concussion Management and Awareness Act – Chapter 496 of the Laws of 2011 which went into effect July 1, 2012.

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 school nurse, coach or other staff member in charge will notify the student's parents or guardians and recommend appropriate monitoring to parents or guardians.

If a student sustains a concussion/head injury 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 school nurse, coach or other staff member in charge 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 district's medical director will have the final decision on return to activity including physical education class and/or after-school/interscholastic 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.**

The Thousand Islands Central School Concussion Management Team (CMT) has developed procedures and protocols to guide the return to learning and/or physical activity.

# Concussion Management Team

## 2014-15

School Medical Director -	Dr. Jack Rush
Superintendent -	Mr. Frank House
P.E. Teacher/ Athletic Coordinator -	Mrs. Shayne Robbins
School Nurses - (Registered Nurses)	Ms. Robin Leavery (Middle/High School) Ms. Paula Edwards (CVES) Mrs. Lorraine Ward (GES)
Student Reps. -	Kelsey Bannister (Grade 10) Alleigh Robbins (Grade 11)
Faculty Rep. -	Mr. Barry Roesch ( M.S. Science Teacher)
Parent Rep. -	Mrs. Tricia Bannister

## **CONCUSSION PROCEDURES AND PROTOCOLS**

### **Education**

Concussion education will be provided for all administrators, teachers, coaches, school nurses and guidance counselors and other pertinent school staff during staff development days and/or other informational meetings. Education of students/parents will be accomplished through the availability of information sheets (refer to pages 9 & 10) as well as pre-season meetings for athletic participation. (Training/certification will be mandatory for all coaching staff members, P.E. teachers and school nurses every two (2) years.) In addition, all pertinent information will be available on the District's webpage. Education will include, but will 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. Protocols cover all students returning to school/play after suffering a concussion/head injury regardless if the accident occurred outside of school or while participating in a school activity. Everyone affiliated with the district needs to be aware of the school's policy regarding concussions/head injuries and how these injuries will ultimately be managed by school officials.

### **Concussion Management Team**

The District has assembled a concussion management team (CMT). The CMT will consist of the School Medical Director, the Superintendent, school nurses, the Athletic Coordinator, and student/faculty/parent representatives. The District's CMT will aid in coordinating training for all administrators, teachers, coaches, parents and students.

The CMT will act as a liaison for any student returning to school and/or play following a concussion. The CMT (or a subcommittee thereof in an effort to protect the student's privacy) will review and/or design an appropriate plan for the student while the student is recovering.

(Individual team member descriptors can be referenced in the State Education Department's June 2012 publication, "Guidelines for Concussion Management in the School Setting".)

## **Concussion in the Classroom**

Students recovering from concussion (head injury) can experience significant academic difficulties due to impaired cognitive abilities. Mental exertion and environmental stimulation can aggravate concussion symptoms such as headache and fatigue, which in turn can prolong recovery. To ensure academic progress and to set the conditions for optimal medical recovery, academic accommodations should be available students recovering from concussion. Recovery can be complicated by academic stress and a sense that teachers or school staff does not understand the student's concussion-related problems.

Ensuring adequate rest, avoiding overexertion and overstimulation, reducing risk of re-injury and providing academic accommodations are the essential components of a return to learn (school) plan after a concussion. Home tutoring may even be needed in some cases. As students recover, he/she may need to attend school part-time or full-time with rest breaks. Other accommodations that can help limit symptoms and promote recovery include presenting only essential material, providing class notes, providing extended time and quiet locations for testing and allowing students to eat lunch in a quiet location as opposed to a noisy cafeteria.

At such time that the student is released to participation in physical education (P.E.) class, activities may need to be modified to reduce the risk of re-injury. The student should begin participation with activities that pose a lower risk of head injury such as walking or swimming, as tolerated. As in the case of the cafeteria, students who are aggravated by the bright lights and noise of the gymnasium or outdoor facilities may need to be allowed to seek out a more appropriate location. Substituting mental activity for physical activity is NOT recommended since mental exertion can also aggravate symptoms.

Depending upon the severity and duration of concussion-related symptoms and associated academic difficulties, a 504 plan or IEP may need to be developed and implemented. Collaboration and communication with the medical providers treating the concussed student will foster development of an appropriate plan. Accommodations and activity restrictions will need to be modified according to the student's particular symptoms and the speed of recovery.

## Concussion Management Protocols

### Return to Learn (School)

Students who have been diagnosed with a concussion require cognitive rest as well as physical rest. Returning to any activity too soon could result in a delayed recovery.

**Cognitive rest** requires that the student avoid participation, in or exposure to, activities that require concentration or mental stimulation. These may include:

- using computers and playing video games
- viewing television
- texting
- reading or writing
- studying or doing homework
- taking a test or completing significant projects
- listening to loud music
- exposure to bright lights

Students may only be able to attend school for short periods of time and accommodations may have to be made for missed tests and assignments.

**Physical rest** requires that the student avoid certain activities. These may include:

- contact and collision
- high speed, intense exercise and/or sports
- high risk for re-injury or impacts
- any activity that results in an increased heart rate or increased head pressure

### Return to Play (Activity/Athletics)

Return to play following a concussion involves a stepwise progression. 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. **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.

**WHEN IN DOUBT, SIT THEM OUT!** Once the student athlete is symptom free at rest for 24 hours and has a signed release by the treating clinician, she/he may begin the return to play progression below (provided there are no other mitigating circumstances).

**Day 1:** low impact, non-strenuous, light aerobic activity (walking, riding a stationary bike)

**Day 2:** higher impact, higher exertion, moderate aerobic activity but no resistance training (light jog, jump roping)

**Day 3:** sport specific, non-contact activity (running/sprinting, light pool work, light sport drills, low resistance weight training)

**Day 4:** sport specific activity, non-contact drills (pool work, sport drills, higher resistance training)

**Day 5:** full contact training drills and intense aerobic activity

**Day 6:** return to full activities without restrictions with clearance from School Medical Director

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.

**Sources:**

Centers for Disease Control (CDC)

New York State Public High School Athletic Association (NYSPHSAA)

The State Education Department (SED)

THOUSAND ISLANDS CENTRAL SCHOOL

8481 Co Rt 9, PO Box 100

Clayton, NY 13624

# Physician Evaluation

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of First Evaluation: \_\_\_\_\_ Time of Evaluation: \_\_\_\_\_

Date of Second Evaluation: \_\_\_\_\_ Time of Evaluation: \_\_\_\_\_

## Symptoms Observed: First Doctor Visit

## Second Doctor Visit

Dizziness	Yes	No	Yes	No
Headache	Yes	No	Yes	No
Tinnitus	Yes	No	Yes	No
Nausea	Yes	No	Yes	No
Fatigue	Yes	No	Yes	No
Drowsy/Sleepy	Yes	No	Yes	No
Sensitivity to Light	Yes	No	Yes	No
Sensitivity to Noise	Yes	No	Yes	No
Anterograde Amnesia	Yes	No	N/A	N/A
<i>(after impact)</i>				
Retrograde Amnesia	Yes	No	N/A	N/A
<i>(backwards in time from impact)</i>				

## First Doctor Visit:

**Did the athlete sustain a concussion? (Yes or No) (one or the other must be circled)**

**\*\* Post-dated releases will not be accepted. The athlete must be seen and released on the same day.**

**Please note that if there is a history of previous concussion, then referral for professional management by a specialist or concussion clinic should be strongly considered.**

Additional Findings/Comments: \_\_\_\_\_

Recommendations/Limitations: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print or stamp name: \_\_\_\_\_ Phone number: \_\_\_\_\_

## Second Doctor Visit:

**\*\*\* Athlete must be completely symptom free in order to begin the return to play progression. If athlete still has symptoms more than seven days after injury, referral to a concussion specialist/clinic should be strongly considered.**

Please check one of the following:

☐ Athlete is asymptomatic and is ready to begin the return to play progression.

☐ Athlete is still symptomatic more than seven days after injury.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print or stamp name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**PARENT(if athlete is to be seen the same day)**

THOUSAND ISLANDS CENTRAL SCHOOL  
8481 Co Rt 9, PO Box 100  
Clayton, NY 13624

**CONCUSSION CHECKLIST**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

**On Site Evaluation :** Description of injury (please include cause and force of injury.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the athlete ever had a concussion? Yes No

Was there a loss of consciousness? Yes No Unclear

Did he/she have a seizure? Yes No Unclear

Does he/she remember the injury? Yes No Unclear

Does he/she have confusion after the injury? Yes No Unclear

**Symptoms observed at time of injury:** Please circle yes or no for each symptom listed.

Dizziness	Yes	No	Headache	Yes	No
-----------	-----	----	----------	-----	----

Ringing in Ears	Yes	No	Nausea/Vomiting	Yes	No
-----------------	-----	----	-----------------	-----	----

Drowsy/Sleepy	Yes	No	Fatigue/Low Energy	Yes	No
---------------	-----	----	--------------------	-----	----

"Don't Feel Right"	Yes	No	Feeling "Dazed"	Yes	No
--------------------	-----	----	-----------------	-----	----

Pupils (equal in size)	Yes	No	Poor Balance/Coord.	Yes	No
------------------------	-----	----	---------------------	-----	----

Memory Problems	Yes	No	Loss of Orientation	Yes	No
-----------------	-----	----	---------------------	-----	----

Blurred Vision	Yes	No	Sensitivity to Light	Yes	No
----------------	-----	----	----------------------	-----	----

Vacant Stare/Glassy Eyed	Yes	No	Sensitivity to Noise	Yes	No
--------------------------	-----	----	----------------------	-----	----

Other Findings/Comments: \_\_\_\_\_  
\_\_\_\_\_

Final Action Taken: Parents Notified/Time \_\_\_\_\_ Sent to Hospital/Time: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Date: \_\_\_\_\_

Witness(es): \_\_\_\_\_

**1 COPY TO ATHLETE/PARENT / 1 COPY TO SCHOOL NURSE..... ASAP**





# Concussions: The Invisible Injury

## Student and Parent Information Sheet

### CONCUSSION DEFINITION

A concussion is a reaction by the brain to a jolt or force that can be transmitted to the head by an impact or blow occurring anywhere on the body. Essentially a concussion results from the brain moving back and forth or twisting rapidly inside the skull.

### FACTS ABOUT CONCUSSIONS ACCORDING TO THE CENTER FOR DISEASE CONTROL (CDC)

- An estimated 4 million people under age 19 sustain a head injury annually. Of these approximately 52,000 die and 275,000 are hospitalized.
- An estimated 300,000 sports and recreation related concussions occur each year.
- Students who have had at least one concussion are at increased risk for another concussion.

In New York State in 2009, approximately 50,500 children under the age of 19 visited the emergency room for a traumatic brain injury and of those approximately 3,000 were hospitalized.

### REQUIREMENTS OF SCHOOL DISTRICTS

#### **Education:**

- 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](http://www.cdc.gov/concussion/HeadsUp/online_training.html))
  - \* School nurses and certified athletic trainers must complete the concussion course. (<http://preventingconcussions.org>)

#### **Information:**

- Provide concussion management information and sign off with any parental permission form. **The NYSPHSAA will provide a pamphlet to member schools on the concussion management information for parents.**
- The concussion management and awareness information or the State Education Department's web site must be made available on the school web site, if one exists.

#### **Removal from athletics:**

- Require the immediate removal from athletic activities of any pupil that has or is believed to have sustained a mild traumatic brain injury.
- No pupils will be allowed to resume athletic activity until they have been symptom free for 24 hours and have been evaluated by and received written and signed authorization from a licensed physician. For interscholastic athletics, clearance must come from the school medical director.
  - \* Such authorization must be kept in the pupil's permanent health record.
  - \* Schools shall follow directives issued by the pupil's treating physician.

### SYMPTOMS

**Symptoms of a concussion are the result of a temporary change in the brain's function.** In most cases, the symptoms of a concussion generally resolve over a short period of time; however, in some cases, symptoms will last for weeks or longer. Children and adolescents are more susceptible to concussions and take longer than adults to recover.

It is imperative that any student who is suspected of having a concussion is removed from athletic activity (e.g. recess, PE class, sports) and remains out of such activities until evaluated and cleared to return to activity by a physician.

Symptoms include, but are not limited to:

- Decreased or absent memory of events prior to or immediately after the injury, or difficulty retaining new information
- Confusion or appears dazed
- Headache or head pressure
- Loss of consciousness
- Balance difficulties, dizziness, or clumsy movements
- Double or blurry vision
- Sensitivity to light and/or sound
- Nausea, vomiting and/or loss of appetite
- Irritability, sadness or other changes in personality
- Feeling sluggish, foggy or light-headed
- Concentration or focusing problems
- Drowsiness
- Fatigue and/or sleep issues – sleeping more or less than usual

Students who develop any of the following signs, or if signs and symptoms worsen, should be seen and evaluated immediately at the nearest hospital emergency room.

- Headaches that worsen
- Seizures
- Looks drowsy and/or cannot be awakened
- Repeated vomiting
- Slurred speech
- Unable to recognize people or places
- Weakness or numbing in arms or legs, facial drooping
- Unsteady gait
- Change in pupil size in one eye
- Significant irritability
- Any loss of consciousness
- Suspicion for skull fracture: blood draining from ear or clear fluid from the nose

## STATE EDUCATION DEPARTMENT'S GUIDANCE FOR CONCUSSION MANAGEMENT

Schools are advised to develop a written concussion management policy. A sample policy is available on the NYSPHSAA web site at [www.nysphsaa.org](http://www.nysphsaa.org). The policy should include:

- A commitment to reduce the risk of head injuries.
- A procedure and treatment plan developed by the district medical director.
- A procedure to ensure proper education for school nurses, certified athletic trainers, physical education teachers, and coaches.
- A procedure for a coordinated communication plan among appropriate staff.
- A procedure for periodic review of the concussion management program.

## RETURN TO LEARN and RETURN TO PLAY PROTOCOLS

**Cognitive Rest:** Activities students should avoid include, but are not limited to, the following:

- Computers and video games
- Television viewing
- Texting
- Reading or writing
- Studying or homework
- Taking a test or completing significant projects
- Loud music
- Bright lights

Students may only be able to attend school for short periods of time. Accommodations may have to be made for missed tests and assignments.

**Physical Rest:** Activities students should avoid include, but are not limited to, the following:

- Contact and collision
- High speed, intense exercise and/or sports
- High risk for re-injury or impacts
- Any activity that results in an increased heart rate or increased head pressure

**Return to Play Protocol** once symptom free for 24 hours and cleared by School Medical Director:

**Day 1:** Low impact, non strenuous, light aerobic activity.

**Day 2:** Higher impact, higher exertion, moderate aerobic activity. No resistance training.

**Day 3:** Sport specific non-contact activity. Low resistance weight training with a spotter.

**Day 4:** Sport specific activity, non-contact drills. Higher resistance weight training with a spotter.

**Day 5:** Full contact training drills and intense aerobic activity.

**Day 6:** Return to full activities with clearance from School Medical Director.

Any return of symptoms during the return to play protocol, the student will return to previous day's activities until symptom free.

## CONCUSSION MANAGEMENT TEAM

Schools may, at their discretion, form a concussion management team to implement and monitor the concussion management policy and program. The team could include, but is not limited to, the following:

- Students
- Parents/Guardians
- School Administrators
- Medical Director
- Private Medical Provider
- School Nurse
- Director of Physical Education and/or Athletic Director
- Certified Athletic Trainer
- Physical Education Teacher and/or Coaches
- Classroom Teachers

## OTHER RESOURCES

- New York State Education Department
- New York State Department of Health  
[http://www.health.ny.gov/prevention/injury\\_prevention/concussion/htm](http://www.health.ny.gov/prevention/injury_prevention/concussion/htm)
- New York State Public High School Athletic Association  
[www.nysphsaa.org/safety/](http://www.nysphsaa.org/safety/)
- Center for Disease Control and Prevention  
<http://cdc.gov/concussions>
- National Federation of High Schools  
[www.nfhslearn.com](http://www.nfhslearn.com) – The FREE Concussion Management course does not meet education requirement.
- Child Health Plus  
[http://www.health.ny.gov/health\\_care/managed\\_care/consumer\\_guide/about\\_child\\_health\\_plus.htm](http://www.health.ny.gov/health_care/managed_care/consumer_guide/about_child_health_plus.htm)
- Local Department of Social Services – New York State Department of Health  
[http://www.health.ny.gov/health\\_care/medicaid/ldss/htm](http://www.health.ny.gov/health_care/medicaid/ldss/htm)
- Brain Injury Association of New York State  
<http://www.bianys.org>
- Nationwide Children's Hospital – Concussions in the Classroom  
<http://www.nationwidechildrens.org/concussions-in-the-classroom>
- Upstate University Hospital – Concussions in the Classroom  
<http://www.upstate.edu/pmr/healthcare/programs/concussion/classroom.php>
- ESPN Video – Life Changed by Concussion  
<http://espn.go.com/video/clip?id=7525526&categoryId=5595394>
- SportsConcussions.org  
<http://www.sportsconcussions.org/ibaseline/>
- American Association of Neurological Surgeons  
<http://www.aans.org/Patient%20Information/Conditions%20and%20Treatment/Concussion.aspx>
- Consensus Statement on Concussion in Sport – Zurich  
<http://sportconcussions.com/html/Zurich%20Statement.pdf>