

CONCUSSIONS AND CONCUSSION MANAGEMENT

The Board of Education of the Spackenkill UFSD recognizes that concussions and head injuries are the most 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 that occurs when normal brain functioning is disrupted by a blow or jolt to the head. Recovery from concussion will vary. Avoiding re-injury and overexertion 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. Coaches, teachers, nurses, athletes, parents of athletes and other appropriate staff will receive training to recognize the signs, symptoms or 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 certified athletic trainer, coach, school nurse, or other District employee in charge of or supervising the activity will notify the student's parents or guardians and recommend appropriate monitoring to them.

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 school nurse so that the District can support the appropriate management of the condition.

In the event of any concussion, regardless of where it was sustained, the student shall not return to school or activity until he/she is symptom free for at least 24 hours, has been evaluated by and provides written authorization from 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. If upon return to activity a student shows signs or symptoms of a concussion they must be removed from play. If symptoms persist, the student then must be re-evaluated by the school's chief medical officer.

The Superintendent, in consultation with appropriate district staff, including the chief school medical officer, will develop regulations and protocols to guide the return to activity.

CONCUSSION MANAGEMENT REGULATION

The following concussion management protocols shall be followed for all students in the Spackenkill Union Free School District who display signs and symptoms of a concussion.

On Field Evaluation

According to the US Department of Health and Human Services - Center for Disease Control and Prevention (CDC), “a forceful bump, blow or jolt to the head or body that results in rapid movement of the head” is cause to look for signs of a possible concussion. During various activities, including athletic practices and contests, participants demonstrating one or more of the signs and symptoms of a concussion identified by the CDC, as outlined below, should be evaluated immediately by the coach, the certified athletic trainer, or the school nurse.

Signs Observed by Coach, Teacher or Other Staff Member: appears dazed or stunned; is confused about assignment or position; forgets instructions; is unsure of game, score or opponent; moves clumsily; answers questions slowly; loses consciousness (even briefly); shows mood, behavior, or personality changes; can't recall events prior to or after hit or fall.

Symptoms reported by Student: headache or “pressure” in the head; nausea or vomiting; loss of balance; 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.”

If determined to have a possible concussion, the participant shall not be permitted to continue any activity until consultation with, and clearance by, the district physician has occurred.

Pediatric Concussive Injury

Children (ages 5-18 years old) should not be returned to playing, training or other physical activity until they are clinically completely symptom-free. Because of the physiological response during childhood to head trauma, a conservative return-to-play approach is recommended.

The Nature of Concussive Head Injury

1. Concussions may be caused either by a direct blow to the head, face or neck, or elsewhere on the body, with an impulse-like force transmitted to the head.
2. Concussions typically result in the rapid onset of short-lived impairment of neurologic function that resolves spontaneously.
3. Concussions may result in neuropathological changes, but the acute clinical symptoms largely reflect a functional disturbance rather than structural changes.
4. Concussions result in a graded set of clinical syndromes that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course.
5. Concussion is typically associated with grossly normal structural neuroimaging studies.

Concussion Education

Each school coach, physical education teacher, nurse and athletic trainer who works with and/or provides instruction to pupils engaged in school sponsored athletic activities, shall complete, on a biennial basis, a course of instruction relating to recognizing the symptoms of mild traumatic brain injuries and monitoring and seeking proper medical treatment for pupils who suffer mild traumatic brain injuries.

Information relating to mild traumatic brain injuries shall be posted on the district website.

Concussion Management

A player should never return to play while symptomatic. When a participant shows ANY symptoms or signs of a concussion, as outlined above:

1. The participant will not be allowed to return to play in the current game, practice, or activity.
2. The participant should be medically evaluated following the injury using the concussion checklist on the sideline, in trainer's office, or in the nurse's office.
3. The participant will not be left alone; regular monitoring for deterioration is essential over the initial few hours following injury.
4. The student must be picked up by someone over the age of 18, preferably by the parent or guardian. The individual will not be released by themselves or with a friend.
5. A head injury warning information sheet will be given to the adult that picks up the student from school.
6. A follow up call will be made within 24 hours by the medical staff or the person who cared for the student to check his/her status.
7. The incident must be reported to the nurse's office by the adult responsible for the student at the time of the concussive incident no later than the next school day and ensure that an accident report is completed.
8. Return to play must follow a recommended medically-supervised step-by-step plan.

Academic Re-Entry

Once a student has been diagnosed with concussion by a health care provider, the student should remain at home until he/she has been cleared to return to school by an appropriate health care professional. Once a student is medically cleared to return to school, the student may begin a full or graduated return to academics. Based on a group decision including the parents, counselors, teachers, and school nurse, accommodations will be made as deemed necessary. Depending on the student's stamina level his/her return initially may require a shortened school day, such as a later start or earlier dismissal. All intellectually demanding activities should be assigned "as tolerated" meaning that the student is instructed to alert the nurse if and when he/she develops any difficulties suggestive of a return of symptoms. Efforts should be made not to penalize a student for time or work missed secondary to a bona fide head injury.

Return-to-Play Protocol

During the recovery period, in the first few days following the injury, it is important to emphasize to the student that physical and cognitive rest is required. Activities that require concentration and attention may exacerbate the symptoms and, as a result, delay recovery. Rest at home is encouraged at least for the day following the injury. When a student is asymptomatic for at least 24 hours they may be re-evaluated by the school medical officer. If cleared, the student may begin the return to play progression below.

Return-to-play following a concussion involves the following five step process. This progression will be a minimum of 5 days for return to play.

Step 1: Light Aerobic Exercise

The Goal: only to increase the heart rate

The Time: 5 to 10 minutes.

The Activities: exercise bike, walking, or light jogging. Absolutely no weight lifting or sprinting

Step 2: Moderate Sport-Specific Exercise

The Goal: limited body and head movement

The Time: Reduced from typical routine

The Activities: moderate jogging, brief running, moderate-intensity stationary biking, and moderate-intensity weightlifting

Step 3: Non-contact Exercise

The Goal: more intense but non-contact

The Time: Close to typical routine

The Activities: running, high-intensity stationary biking, the player's regular weightlifting routine and non-contact sport-specific drills

Step 4: Practice

The Goal: Reintegrate in full contact practice

Step 5: Play

The Goal: Return to competition

If any post-concussion symptoms occur while in the stepwise program, 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. The student should be symptom-free without the use of any medication to mask the pain. The program and return to play will be monitored either by the certified athletic trainer or the school nurse, as appropriate.

These protocols will be followed by all Spackenkill Union Free School District health care professionals (athletic trainers, nurses, school physician), coaches and teachers who are responsible for returning a student to active participation after a concussion, as appropriate. The District's concussion management/return-to-play protocol is to be followed even if the student presents a prescription and/or other note from his/her primary care physician or emergency room physician authorizing a return to play or other physical activity sooner than required by this policy.