

Cornwall Central High School

Home of the Green Dragons

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Concussion Management/Return to Play Policy

CONCUSSION MANAGEMENT REGULATION

The Board of Education of the Cornwall Central School District recognizes the seriousness of concussions in children and adolescents who participate in school sponsored sports and recreational activities and the outstanding need to manage the potential consequences of mild traumatic brain injuries. Therefore, the District hereby adopts the following policy to enact appropriate training for school personnel, set forth the proper evaluation and management of head injuries and to comply with New York State's Concussion Management Awareness Act.

A concussion is defined as a disturbance in brain function caused by a direct or indirect force to the head and can cause harmful, long-term effects to brain functions. While recoveries from concussions vary from child-to-child, avoiding re-injury and over-exertion until fully recovered are critical to proper concussion management. The following policy shall represent the minimum standards that must be complied with by the Cornwall Central School District relating to mild traumatic brain injuries.

POLICY:

While District staff will exercise reasonable care to protect students, head injuries during athletics or other school sponsored activities may still occur. The following preventative measures shall be instituted to educate school personnel and parents regarding concussions and the importance of proper medical treatment:

Course of Instruction

In order to provide the appropriate education, care and attention to students who may receive a concussion, personnel must be able to recognize the signs, symptoms and behaviors consistent with a concussion. Accordingly, each Cornwall Central School District 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 which shall include, but not be limited to, the definition of "concussion," signs and symptoms of mild traumatic brain injuries, how such injuries may occur, practices regarding prevention and the guidelines for the return to school and to certain activities after a pupil has suffered a mild traumatic brain injury, regardless of whether such injury occurred outside of school.

The online course is available for free at: www.cdc.gov/concussion/HeadsUp/online_training.html. Upon completion of the course, each coach, physical education teacher, nurse and athletic trainer will submit a certificate of completion to the Athletic Director to be placed in his/her file. It will be the responsibility of the Athletic Director to maintain an updated database of certificates of completion and recertification dates.

Concussion Management Team

The District shall assemble a concussion management team (CMT), which shall consist of the following positions:

- Athletic Director
- High School Nurse
- Middle School Nurse
- Athletic Trainer
- Varsity Coach (Preferably a collision sport coach)
- High School Guidance Counselor
- School District Physician (or designee)

The District's CMT shall coordinate training for all administrators, teachers, coaches and parents. Annual training shall be mandatory for all coaches, assistant coaches and volunteer coaches that are a part of the concussion management team. The CMT shall ensure that this policy and information related to concussions should be available and distributed at parent meetings or in information provided to parents at the beginning of the sports seasons.

The CMT will act as a liaison for any student returning to school or play following a concussion. The CMT will review the student's condition and any directives of the student's physician and establish an appropriate plan to ensure a safe return to school and/or athletics for the student.

Information

The Cornwall Central School District will post information relating to mild traumatic brain injuries on the district website. Information shall include, but is not limited to, the definition of a mild traumatic brain injury, the signs and symptoms of mild traumatic brain injury, how mild traumatic brain injury can occur, and the district guidelines for the return to school and school activities of a pupil who has suffered a mild traumatic brain injury, regardless of whether such injury occurred outside of school.

Parents

Parents will receive information in the form of a Fact Sheet provided by the U.S. Department of Health and Human Services Center for Disease Control and Prevention entitled "Heads Up: Concussion in High School Sports; A Fact Sheet for Parents". This information will be distributed prior to the start of each sports season. A fact sheet will be included in the packet of information that each student receives prior to their sports physical or recertification. Parents must sign-off that they have received and read the information provided on the fact sheet in the area provided on the PARENT/GUARDIAN AND ATHLETE PERMISSION/COMMITMENT FORM. Downloadable copies of this fact sheet will be made available on the Cornwall Central School District's website.

Students

Students will receive information in the form of a Fact Sheet provided by the U.S. Department of Health and Human Services Center for Disease Control and Prevention entitled "Heads Up: Concussion in High School Sports; A Fact Sheet for Athletes". This information will be distributed prior to the start of each sports season. A fact sheet will be included in the packet of information that each student receives prior to their

sports physical or recertification. Students must sign-off that they have received and read the information provided on the fact sheet in the area provided on the **PARENT/GUARDIAN AND ATHLETE PERMISSION/COMMITMENT FORM**. Downloadable copies of this fact sheet will be made available on the Cornwall Central School District's website.

Concussion Management and Return to Play

The Superintendent of Schools, in consultation with the appropriate district personnel and the Chief School Medical Officer hereby develop the following standard protocols to guide the return to activity. Such protocols shall be case-by-case and shall consider recommendations of the student's physician and the District's Chief Medical Officer.

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. In the event that there is any doubt as to whether a pupil has sustained a concussion, District personnel shall presume that he or she has been so injured until proven otherwise. The school nurse and/or athletic trainer will notify the student's parents or guardians and recommend appropriate monitoring to parents or guardians and following up with a physician.

If a student sustains a concussion other than when engaged in a school-sponsored activity, the District expects the parent/legal guardian to report the condition to the school nurse, athletic trainer or coach so that the District can support the appropriate management of the condition.

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 neuro-imaging studies.

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, students 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 athletic trainer, or the school nurse:

Signs Observed by Coach, Teacher or Other Staff Member: student 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; balance 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."

<u>A student should never return to play while symptomatic</u>. When a student shows ANY symptoms or signs of a concussion, as outlined above:

- 1. The student will not be allowed to return to play in the current game, practice, or activity;
- 2. The student will not be left alone; regular monitoring for deterioration is essential over the initial few hours following injury;
- 3. The student should be medically evaluated following the injury using the concussion checklist on the sideline, in trainer's office, or in the nurse's office;
- 4. Return to play must follow a recommended medically-supervised step-by-step plan;
- 5. A head injury warning sheet will be given to each student and the parent who picks up student;
- 6. 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 who is under 18 years of age.
- 7. A follow up call will be made later in the day/evening by the medical staff/coach or the person who cared for the student to check his/her status.
- 8. 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.

Coaches, Nurses, Athletic Directors and Athletic Trainers are reminded that concussions in pediatric and adult individuals differ. Children are not "little adults." They have actively developing brains that respond differently, have different needs, and face different expectations after injury. An appreciation of these differences and their implications is crucial for providing optimal care to the young athlete or student after concussion. 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 essential.

Return to Play:

There are many risks to premature return to play including, but not limited to, greater risk for a second concussion due to a lower concussion threshold, second impact syndrome (abnormal brain blood flow that can result in death), exacerbation of any current symptoms, and increased risk for additional injury due to alteration in balance. The Cornwall Central School District utilizes the NYSPHAA return to play recommendations, in addition to proper concussion management protocol pursuant to NYS Laws, Rules and Regulations.

Return to play following a concussion involves a stepwise progression once the individual is symptom free. Students are prohibited from returning to play the day the concussion is sustained. After diagnosis of a concussion by a treating physician, the student will be removed from all activity for minimum of twenty four (24) hours, even if asymptomatic. Once the student is symptom free for twenty-four (24) hours and has been evaluated by and received written and signed authorization from a licensed physician, the District's Chief Medical Officer shall make a final decision on return to activity, including physical education class and after-school sports. The authorization shall be kept on

file in the pupil's permanent health record. Any student who is reported to have signs or symptoms upon return to activity must be removed from play and reevaluated by their health care provider. A return to play progression shall be generally followed below (unless directed otherwise by the student's treating physician or Chief Medical Officer):

Return To Play Protocol/Progression (RTP)

1. Stage One – Rest until symptom free (asymptomatic)

• Once student is asymptomatic for 24 hours and has received clearance to proceed by their physician, they can progress to stage two.

2. <u>Stage Two – Light Aerobic Exercise</u>

- Student performs light aerobic activity for 20-30 minutes as directed by athletic trainer.
- Student will be continuously monitored by athletic trainer. If any signs and symptoms occur during activity, the activity will be stopped. Stage two can be reattempted after the student has been asymptomatic for an additional 24 hours.
- Once state two is completed and student remains asymptomatic for 24 hours post exertion, they can progress to stage three.

3. Stage Three – Moderate Aerobic Exercise

- Student performs moderate aerobic activity for 30 minutes as directed by athletic trainer.
- Student will be continuously monitored by athletic trainer. If any signs and symptoms occur during activity, the activity will be stopped. Stage three can be reattempted after the student has been asymptomatic for an additional 24 hours.
- Once stage three is completed and student remains asymptomatic for 24 hours post exertion, they can progress to stage four.

4. Stage Four – Intense Activity and Non-Contact Sport Activity

- Student performs intense aerobic activity for 30-45 minutes, including sport specific activity as directed by athletic trainer.
- Student will be continuously monitored by athletic trainer. If any signs and symptoms occur during activity, the activity will be stopped. Stage four can be reattempted after the student has been asymptomatic for an additional 24 hours.
- Once stage four is completed and student remains asymptomatic for 24 hours post exertion, they can be cleared by school district physician.
- When school district physician approves clearance, student may progress to stage five.

5. Stage Five – Full Participation in Practice

- No limitations in practice.
- If any signs and symptoms occur during practice, activity will be stopped. Stage five can be reattempted after the student has been asymptomatic for an additional 24 hours.
- If asymptomatic post practice for 24 hours, may progress to stage six.

6. Stage Six – Full Clearance

• The final decision for full clearance is made and approved by the school district physician.

**Student athletes suffering from a history of concussion will be handled on a case-by-case basis. Those with multiple concussions may require additional rest and may be held out for the remainder of the season. Those suffering from three (3) concussions should be disqualified from participating in athletics, and made aware that a 4th concussion could cause lifetime impairments. The District may need to consider barring these student athletes from contact sports in the future. For the safety of the student athlete, the District Physician has the authority to make the final return to play decision should a dispute arise.

CONCUSSION MANAGEMENT IN THE CLASSROOM:

Students recovering from concussions may 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 set optimal conditions for a successful recovery, academic accommodations shall be available to the student.

TABLE 1 Classification of Sports by Contact^

Contact or Collision	I imited Contact	Nanaantaat
Contact or Collision Basketball	Limited Contact Baseball	Noncontact
		Archery
Boxing*	Bicycling	Badminton
Diving	Cheerleading	Body Building
Field Hockey	Canoeing/Kayaking (white water)	Bowling
Football – tackle	Fencing	Canoeing/Kayaking (flat water)
Ice Hockey	Field Events – High Jump, Pole	Crew or Rowing
	Vault	
Lacrosse	Floor Hockey	Curling
Martial Arts	Football – Flag	Dancing – Ballet, Modern, Jazz
Rodeo	Gymnastics	Field Events – Discus, Javelin, Shot
		Put
Rugby	Handball	Golf
Ski Jumping	Horseback Riding	Orienteering
Soccer	Racquetball	Power Lifting
Team Handball	Skating –Ice, In-line, Roller	Race Walking
Water Polo	Skiing – XC, Downhill, Water	Riflery
Wrestling	Skateboarding	Rope Jumping
G	Snowboarding	Running
	Squash	Sailing
	Ultimate Frisbee	Scuba Diving
	Volleyball	Swimming
	Windsurfing or surfing	Table Tennis
		Tennis
		Track
		Weight Lifting
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^{^ &}lt;u>Pediatrics</u>; May 1, 2001 vol. 107 no. 5 1205-1209

^{*} Participation not recommended by the American Academy of Pediatrics.



A FACT SHEET FOR PARENTS

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms?

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 after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed by Parents or Guardians

- · Appears dazed or stunned
- Is confused about assignment or position
- · Forgets an instruction
- 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 hit or fall
- Can't recall events after hit or fall

Symptoms Reported by Athlete

- · Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

. Ensure that they follow their coaches' rules for safety and the rules of the sport.

Encourage them to practice good sportsmanship at all times.

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

- 1. Keep your teen out of play. If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion. says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)-can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
- 2. Seek medical attention right away. A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
- 3. Teach your teen that it's not smart to play with a concussion. Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's "just fine.
- 4. Tell all of your teen's coaches and the student's school nurse about ANY concussion. Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

. Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.

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.

For more information and to order additional materials free-of-charge, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION





June 2010



A FACT SHEET FOR ATHLETES

What is a concussion?

A concussion is a brain injury that:

- . Is caused by a bump, blow, or jolt to the head or body.
- Can change the way your brain normally works.
- · Can occur during practices or games in any sport or recreational activity.
- · Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or "had your bell rung."

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

You can't see a concussion, but you might notice one or more of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- · Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should I do if I think I have a concussion?

- · Tell your coaches and your parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a
- · Get a medical check-up. A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- Give yourself time to get better. If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and the correct size and fit
- Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion: Don't hide it. Report it. Take time to recover.

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

For more information and to order additional materials free-of-charge, visit: www.cdc.gov/Concussion.

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