

Concussion Management Policy

The Board of Education of the South Kortright 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 adopts the following policy to support the proper evaluation and management of head injuries.

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 will notify the student's parents or guardians and recommend appropriate monitoring to parents or guardians. 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. The student shall not return to school or activity until authorized to do so by 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. 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 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 GUIDELINES AND PROCEDURES**

### **Education**

Concussion education should be provided for all administrators, teachers, coaches, school nurses, athletic trainers and guidance counselors. Education of parents should be accomplished through preseason meetings for sports and/or information sheets provided to parents. Education should include, but 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. The protocols will cover all students returning to school after suffering a concussion regardless if the accident occurred outside of school or while participating in a school activity.

### **Concussion Management Team**

The District will assemble a concussion management team (CMT). The CMT will consist of the Athletic Director, school nurse, school physician, superintendent and the CPR/First Aid Instructor. The District's CMT should coordinate training for all administrators, teachers, coaches and parents. Training should be mandatory for all coaches, assistant coaches and volunteer coaches that work with these student athletes regularly. In addition, information related to concussions should also be included at parent meetings or in information provided to parents at the beginning of

sports seasons. Parents need to be aware of the school district's policy and how these injuries will ultimately be managed by school officials.

Training should include: signs and symptoms of concussions, post concussion and second impact syndromes, return to play and school protocols, and available area resources for concussion management and treatment. Particular emphasis should be placed on the fact that no athlete will be allowed to return to play the day of injury and also that all athletes should obtain appropriate medical clearance prior to returning to play or school.

The CMT will act as a liaison for any student returning to school and/or play following a concussion. The CMT will review and/or design an appropriate plan for the student while the student is recovering.

### **Concussion Management Protocol**

#### **Return to play**

Return to play following a concussion involves a stepwise progression once the individual is symptom free. 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. 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: Light aerobic activity

Day 2: Sport-specific activity

Day 3: Non-contact training drills

Day 4: Full contact practice

Day 5: Return to play

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.

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South Kortright Central School District

Adopted: 1/23/2012