

Elmsford UFSD Concussion Management School Policy

The Board of Education of the Elmsford Union Free School District recognizes that concussions and head injuries are commonly reported 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. Concussions occur when normal brain functions are 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. 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 these 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 healthcare professional. The nurse/coach 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 healthcare professional. The school's chief medical officers (Dr. Hough/Dr. Seigler) 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 the activity 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.

Adoption Date: August 1, 2012

Head Injury Protocol

I. District Concussion Team

Carl L. Dixon Primary School: Carol Florio, Kevin Tiernan, Robert Pollok, Dr. Hough/Dr. Seigler (Chief School Medical Officers)

Alice E. Grady Elementary School: Veronica Lederman, Andrew Watson, Robert Pollok, Dr. Hough/Dr. Seigler (Chief School Medical Officers)

Alexander Hamilton Jr./Sr. High School: Nancy Cordero, Robert Pollok, Dr. Hough/Dr. Seigler (Chief School Medical Officers)

II. Protocol for Head Injuries – Initial Trauma

A student who suffers a possible head injury is to be evaluated by the onsite physician, EMT, trainer or coach. (**WHEN IN DOUBT, SIT THEM OUT!!!**)

- (1) No symptoms or signs of head trauma/concussion
 - (a) Immediate Return to Play (IRTP)

- (2) Mild or some symptoms or signs
 - (a) Fill out Concussion Checklist Form – *No Immediate Return to Play!*
 - (b) Alert the child's parents/guardians right away
 - (c) Student must see medical professional
 - (d) Student is suspended from activities for a minimum of 7 days
 - (e) Student must be cleared by chief school medical officer
 - (f) Return to Play (RTP)

III. Definite Concussion at Initial Trauma

A student who suffers a head injury is to be evaluated by the onsite physician, EMT, trainer or coach.

- (1) Definite concussion: student should be medically evaluated and if necessary, transported to the emergency room. If necessary, a parent may ride in the ambulance to the emergency room at the discretion of the ambulance personnel.
 - (a) Fill out Concussion Checklist Form – *No Immediate Return to Play!*
 - (b) Student is suspended from activities for a minimum of 7 days
 - (c) Student must be cleared by Chief School Medical Officer
 - (d) Return to Play (RTP)

IV. Return to Play (RTP)

This progression should be followed by all coaches, healthcare providers and parents and at the basic steps below. To go to the next step the student/athlete must be symptom free. If the athlete has signs/symptoms, the progression must be stopped and the concussion team and coach must be notified. The number of days on each step may vary and duration questions referred to the concussion team. Typically, each stage is 24 hours and is a six (6) day progression to full *game* play.

The cornerstone of proper concussion management is rest until all symptoms resolve and then a graded program of exertion before return to sport. The program is broken down into six steps in which only one step is covered a day. The six steps involve the following:

No exertion activity until asymptomatic and cleared by Chief School Medical Officer.

- (1) After the athlete receives clearance, begin light aerobic exercise and low-impact activity such as walking, stationary bike, etc.
 - (2) Initiate moderate aerobic activity fundamental to specific sport such as skating, running, etc.
 - (3) Begin light non-contact skill drills specific to sport such as dribbling, ground balls, batting, etc.
 - (4) Initiate more moderate non-contact skill drills specific to sport.
 - (5) Commence full contact training drills and intense aerobic activity in practice setting.
 - (6) If athlete remains without symptoms, he or she may return to full activities with clearance from School Medical Director.
 - i. Athlete must remain asymptomatic to progress to the next level.
 - ii. If symptoms return, the athlete must return to the previous level and try to progress after 24 hours of rest.
- Progression through each step in the protocol is to be approved by the School Nurse in consultation with the Athletic Director.
- If the coach and/or Athletic Director become aware that a concussion has occurred at an outside activity, the concussion protocol will be initiated.
- The Chief School Medical Officer has final return to play approval.

CONCUSSION CHECKLIST

(NYSPHSAA, Inc.)

Name: _____ Age: _____ Grade: _____ Sport: _____

Date of Injury: _____ Time of Injury _____

On Site Evaluation

Description of Injury: _____

Has the athlete ever had a concussion?	Yes	No	
Was there a loss of consciousness?	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:

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
Seizure	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

* Please circle yes or no for each symptom listed above.

Other Findings/Comments: _____

Final Action Taken: Parents Notified Sent to Hospital

Evaluator’s Signature: _____ Title: _____

Address: _____ Date: _____ Phone No.: _____

Physician Evaluation

Date of First Evaluation: _____

Time of Evaluation: _____

Date of Second Evaluation: _____

Time of Evaluation: _____

Symptoms Observed:	First Doctor Visit		Second Doctor Visit	
	Yes	No	Yes	No
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 (after impact)	Yes	No	N/A	N/A
Retrograde Amnesia (backwards in time from impact)	Yes	No	N/A	N/A

* Please indicate yes or no in your respective columns. First Doctor use column 1 and second Doctor use column 2.

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: _____