

MONROE WOODBURY CENTRAL SCHOOL DISTRICT
CONCUSSION PROTOCOL

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CONCUSSION GUIDELINES AND PROCEDURES

Prevention

The Monroe-Woodbury Central School District recognizes that protecting students from head injuries is one of the most important ways of preventing a concussion. Although the risk of a concussion is present with certain types of sports; education, proper athletic equipment and supervision will help minimize the risk(s) of such injuries. The Monroe-Woodbury School District's equipment for our athletic teams is all certified to meet the national safety standards approved by the National Organization for Care and Safety of Athletic Equipment (NOCSAE).

The Monroe-Woodbury Athletic Coaches, Athletic Trainer and/or School Nurses will inform athletes and parents of the signs and symptoms of concussions, how such injuries occur, and possible long term effects resulting from such injuries. The Monroe-Woodbury Athletic Trainer/Nurses Office will provide a supporting written informational hand-out entitled "Concussions: The Invisible Injury".

In addition, it is imperative that students know the symptoms of a concussion and to inform appropriate personnel, even if they believe they have sustained the mildest of concussions. This information should be reviewed periodically with student athletes throughout each season. Emphasis must be placed on the need for medical evaluation should such an injury occur to prevent persisting symptoms of a concussion, and following the guidelines for return to school and activities. It is extremely important that all students be made aware of the importance of reporting any symptoms of a concussion to their parent/guardian and/or appropriate district staff.

The Monroe-Woodbury Central School District's Interscholastic Rules & Regulations and Parent/Guardian Consent form (green booklet) will contain information on concussions.

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.

The Concussion Management and Awareness Act, specifically Chapter 496 of the Laws of 2011 requires that school coaches, physical education teachers, nurses and certified athletic trainers complete a New York State Education Department (NYSED) approved course on concussions and concussion management every two years. NYSED has approved the course *Heads Up, Concussion in Youth Sports* for physical education teachers and coaches. It is a free web-based course developed by the CDC. It is available at

http://www.cdc.gov/concussion/HeadsUp/online_training.html

NYSED has approved the course *Heads Up to Clinicians* for school nurses and athletic trainers to be completed every two years. It is a free web-based course developed by the CDC and available at <http://preventingconcussions.org/>. This is not a NYS specific training video, therefore the scope of practice of certified athletic trainers and school nurses in NYS may differ from what is described in the training. Registered professional nurses and certified athletic trainers practicing in NYS must follow NYS laws in regards to licensing and scope of practice.

Concussion Management Team

The District has established a concussion management team (CMT). The CMT includes the Athletic Director, school nurse, athletic trainer and school physician. Additional school staff, such as administrators, guidance counselors, teachers, physical education teachers and coaches may participate with the CMT on an as needed basis. The CMT will collaborate with the private medical provider, the student and the student's family to assist the student to recovery. The Athletic Director will coordinate training for all administrators, teachers, coaches and parents. Training is mandatory for all physical education teachers, coaches, assistant coaches and volunteer coaches that work with student athletes. It is also mandatory for all school nurses and certified athletic trainers. In addition, information related to concussions will be provided to parents at the beginning of sports seasons. The Heads Up on Concussion Fact Sheet for Parents will be given to parents of high school and middle school athletics. This information will also be on the Athletics link on the Monroe-Woodbury CSD Web Site. Parents need to be aware of the school district's policy and procedures and how these injuries will ultimately be managed by school officials and the information they will need to give the school nurse from their medical provider.

Students also need to be educated as a concussion is primarily diagnosed by reported and/or observed signs and symptoms. These guide the members of the team in transitioning the student back to activities. Therefore students should be educated in the following areas

- Prevention of head injuries
- Signs and symptoms that must be reported to the coach, certified athletic trainer, school nurse, parent/guardian, or other staff
- Risk of concussion,
- Informing their coach, parent/guardian, certified athletic trainer, school nurse or other staff members about injuries and the symptoms they are experiencing.

- Risk of severe injury, permanent disability, and even death that can occur with re-injury by resuming normal activities before recovering from a concussion.
- Following the instructions from their private medical provider
- Asking for help and informing teachers of difficulties they experience in class and when completing assignments
- Encouraging classmates and teammates to report injuries
- Promoting an environment where reporting signs and symptoms of a concussion is considered acceptable.

Training should also 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.

*School district CMT's will utilize the NYSPHSAA website as well as www.keepyourheadinthegame.org for information related to the signs and symptoms of concussions and the appropriate return to play protocols. A handout describing the Concussion Management team is also available on the NYSPHSAA website. A Concussion Management Check List that has been approved and recommended by CDC will be utilized www.cdc.gov/concussion .

Concussion Management Protocol

1. Prior to the beginning of each sports season, all athletes participating in contact sports (football, soccer, hockey, basketball, lacrosse, diving, softball baseball, cheerleading, wrestling and pole vaulting) will have a baseline SCAT (Standardized Concussion Assessment Tool) or Impact Assessment Tool evaluation. This information will be used to assess any changes in the event a student experiences a concussion. Parents will be notified about the testing and can notify the trainer if they wish to exclude their student athlete from the testing. Results of the testing will be made available to the parents on request.
2. If a student sustains a possible head injury during school hours, the student is to be seen by the school nurse. It is the responsibility of the supervising adult to ensure that the school nurse is summoned or the student is taken to the nurse.
3. The school nurse will follow the first aid protocols for a suspected head injury. The school nurse will also provide parents/guardians with oral and/or written instructions on observing the student for concussive complications that warrant immediate emergency care.
4. If the student sustains a possible head injury after school hours, the coach, athletic trainer or supervising adult will remove the student from the activity, follow the first aid protocols and follow the notification protocol. The supervising adult will notify the school nurse on the next school day and complete the accident report.
5. The school nurse will be responsible for follow-up and coordination between the student, parents, physical education teachers, coaches, athletic trainer, school physician and student's health care provider.
6. **In keeping with the law, if the student is suspected to have a concussion, either based on the disclosure of a head injury, observed or reported symptoms, or by sustaining a**

significant blow to the head or body, the student must be removed from athletic activity and/or physical activities (e.g. PE class, recess) and may not be returned to athletic activities until he/she has been symptom-free for a minimum of 24 hours and has been evaluate by and receives written and signed authorization to return to activities by a licensed physician, nurse practitioner or physician assistant. Due to the need for cognitive rest, a student should not be required to write a report if they are not permitted to participate in PE class by their medical provider.

7. When the student's parent has provided the physician authorization to return to activities, the school nurse will review the medical provider's written clearance for the student to begin graduated physical activity. If the student is still experiencing symptoms, or if the medical history, concussion severity etc., concern the nurse, she will consult with the medical director to determine if the student is ready to return. **The Chief School Physician will make the final decision when a student will be allowed to return to physical activities.**

8. When the nurse/medical director determine it is safe for the student to return to play, the athletic trainer will b notified that the athlete can begin the return to play protocol.

9. If the student sustains a head injury other that in a school activity, the parents should notify the school nurse and the student will not return to physical activity until the nurse receives written and signed authorization to return to activities by the student's health care provider (licensed physician, nurse practitioner or physician assistant).

8. Elementary students and secondary students who are not involved in sports must have written authorization from their health care provider and be symptom free without medication for seven days before returning to physical education, recess or any other physical activity at school. Due to the need for cognitive rest, a student should not be required to write a report if they are not permitted to participate in PE class by their medical provider. The school nurse will notify the physical education teacher that the student has sustained a concussion and is ready to return to physical activity. The physical education teacher will remove the student from play if there are any complaints of headaches, dizziness or any other adverse reactions.

The nurse will then notify the parents that the student is being removed from physical activity and discuss follow-up care with the medical provider.

Return to play - Athletes

The law requires that students who sustain, or are suspected to have sustained a concussion during athletic activities be immediately removed from such activities. Student may NOT return to athletic activities until they have been symptom-free for a minimum of 24 hours and have been evaluated by, and receive written and signed authorization to return to activities from a licensed physician, nurse practitioner or physician assistant.

Return to play following a concussion involves a stepwise progression once the individual is symptom free for at least 24 hours. 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 without pain medication and has a signed release by the treating clinician, and has been cleared by the school nurse/school physician, she/he may begin the return to play progression below (provided there are no other mitigating circumstances). The return to play will be supervised by the athletic trainer for student athletics. The following is the recommended return to physical activity protocol based on the Zurich Progressive Exertion Protocol:

<http://sportconcussions.com/html/Zurich%20Statement.pdf>

Phase 1 - low impact, non-strenuous, light aerobic activity such as walking or riding a stationary bike. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 2 – higher impact, higher exertion, and moderate aerobic activity such as running or jumping rope. No resistance training. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 3 – Sport specific non-contact activity. Low resistance weight training with a spotter. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 4 – Sport specific activity, non-contact drills. Higher resistance weight training with a spotter. If tolerated without return of symptoms over a 24 hour period proceed to;

Phase 5 – Full contact training drills and intense aerobic activity. If tolerated without return of symptoms over a 24 hour period proceed to

Phase 6 – Return to full activities without restrictions.

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. If a student is not progressing or there is an indication of a more serious head injury, the trainer will notify the school nurse. The school nurse will consult with the school physician and the student may be required to see a neurologist prior to continuing the Return to Play Protocol.

Return to play – Non-Athletes

The School Nurse and the Physical Education Teachers will be responsible for the return to play for non-athletes. The same documentation will be required from the student's private physician and the Chief School Physician will make the final decision as to when a student will return to physical activities. When the student is cleared, the school nurse will notify in writing

the physical education teacher and the return to play will be initiated. The first week will involve rest, no physical activities and then the student will be slowly returned to play with the school nurse monitoring the progress.

Classroom Teacher

The school nurse will notify the student's teachers and guidance counselor that the student has sustained a concussion. Teachers should make accommodations that minimize aggravating symptoms so that the student has sufficient cognitive rest. The nurse will provide information from the private medical provider regarding limitations on the student during the recovery phase. Teachers can refer to the following web sites for more information:

<http://www.upstate.edu/pmr/healthcare/programs/concussion/classroom.php>

<http://www.nationwidechildrens.org/concussion-in-theclassroom>

http://www.cdc.gov/concussion/pdf/TBI_Returning_to_School-a.pdf

Students transitioning into school after a concussion might need academic accommodations to allow for sufficient cognitive rest. These include, but are not necessarily limited to:

- Shorter school day
- Rest periods
- Extended time for tests and assignments
- Copies of notes
- Alternative assignments
- Minimizing distractions
- Permitting student to audiotape classes
- Peer note takers
- Provide assignments in writing

- Refocus student with verbal and nonverbal clues

With written documentation from the medical provider, a 504 Plan may need to be initiated until the student has recovered from the concussion.

Information Sources and Accommodations for Classroom Teacher

Teachers should make accommodations that minimize aggravating symptoms so that the student has sufficient cognitive rest. The nurse will provide information from the private medical provider regarding limitations on the student during the recovery phase. Teachers can refer to the following web sites for more information:

<http://www.upstate.edu/pmr/healthcare/programs/concussion/classroom.php>

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- Peer note takers
- Provide assignments in writing
- Refocus

Concussion Signs and Symptoms for Classroom Teacher

Physical Symptoms

- Headache
- Neck pain
- Nausea
- Lack of energy and constantly feeling physically and mentally tired
- Dizziness, light-headedness, and a loss of balance
- Blurred or double vision and sensitivity to light
- Increased sensitivity to sounds
- Ringing in the ears
- Loss of sense of taste and smell
- Change in sleep patterns especially waking up a lot at night

Cognitive Symptoms

- Difficulty concentrating and paying attention
- Trouble with learning and memory
- Problems with word-finding and putting thoughts into words
- Easily confused and losing track of time and place
- Slower in thinking, acting, reading, and speaking
- Easily distracted
- Trouble doing more than one thing at a time
- Lack of organization in everyday tasks

Social and Emotional Symptoms

- Mood changes including irritability, anxiousness, and tearfulness
- Decreased motivation
- Easily overwhelmed
- More impulsive
- Withdrawn and wanting to avoid social situations especially if there is a lot of people