

POLICY B. 36

Required Policy

SUBJECT: Concussion Management Policy

The Board of Education of the Oneonta City 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. The policy is developed in accordance with New York State Law. Information regarding concussion management is available on the District website and will be provided to each student athlete with the parental participation permission slip.

A concussion is a mild traumatic brain injury. A concussion occurs when normal brain functioning is disrupted by a blow or jolt to the head or body resulting in rapid acceleration/deceleration of the brain. 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 occur.

Physical education teachers, coaches, nurses and other appropriate staff will receive training to recognize and/or notification of the signs, symptoms and behaviors consistent with a concussion. Any student exhibiting those signs, symptoms and or behaviors while participating in a school sponsored class, extracurricular activity or interscholastic athletic activity shall be removed from the game or activity immediately. Possible concussion symptoms include, but are not limited to the following: Dizziness/Vacant Stare/Glassy Eyed/Seizure Headache/ “Don’t Feel Right”/ Blurred Vision/Ringing in Ears/Loss of Orientation/Drowsy, Sleepy/Nausea/Vomiting/Poor Balance and/or Coordination/ Feeling “Dazed”/Fatigue/Low Energy/Sensitivity to Light or Noise”.

The following protocol has been adapted from the National Federation of State High School Associations and the International Conference on Concussion in Sport, Prague 2004. It details our concussion protocol and return to play procedure.

When a student shows **any** signs of a concussion:

1. Immediately remove the student from all games or practice activities for the remainder of the day. If the student has lost consciousness, call EMS.
2. Do not leave the student alone. Regularly monitor the athlete for deterioration. If deterioration occurs, call EMS.
3. Make direct contact with a parent or guardian and inform them of the suspected injury. Discuss with the parent/guardian the symptoms, treatment, and return to play procedure.
4. The student must be medically evaluated following the injury.
5. If a concussion is confirmed by a doctor, the student will be referred to their personal physician for treatment and clearance. The student must then be cleared by the school doctor before beginning the Return to Play procedure. The school nurse will notify academic teachers of the student's condition with possible modifications.
6. The Return to Play procedure must follow a medically supervised stepwise process described below.

The cornerstone of proper concussion management is **rest** until all symptoms resolve and then begin a program of gradual exertion before returning to a sport. 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.

Once a student is evaluated by a physician it is required that the results and any diagnosis be shared with the school. If it is determined that the student has a concussion, the student will not be permitted to return to activity until authorized by the personal physician. Once the student's primary care physician has cleared the student for return to play, the student must report to the school nurse to obtain further clearance by the school physician before the return to play protocol can begin.

Neurocognitive baseline testing is required for all in-school athletic participants. It is strongly recommended that out of school athletic participants establish neurocognitive baseline data and share that with the school district.

We require that students participating in contact sports complete neurocognitive baseline testing where appropriate to be used as part of the return to play procedure. It is recommended that students have rest periods and check in with the school nurse periodically throughout the day after returning to school.

Return to play following a concussion involves a stepwise progression once the individual is symptom free. The student athlete must be symptom free at rest for 24 hours and have a signed release by the treating clinician for the play progression to begin. The Return to Play procedure is broken down into five step process. Each step should take 24 hours so that the athlete would take approximately one week to proceed through the full rehabilitation protocol once they are asymptomatic at rest. If any post-concussion symptoms are experienced by the athlete 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 student is unable to progress they will be required to see their physician.

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 district personnel can support the appropriate management of the condition.

The five step process involves the following:

Step 1- Perform neurocognitive testing and then 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;

Step 2- Sport specific exercise; higher impact, higher exertion, and moderate aerobic activity such as running or jumping rope. Progressive resistance training. If tolerated without return of symptoms over a 24 hour period proceed to;

Step 3- Sport specific non-contact activity and drills. If tolerated without return of symptoms over a 24 hour period proceed to;

Step 4- Full contact training drills and intense aerobic activity in practice setting. If tolerated without return of symptoms over a 24 hour period proceed to;

Step 5- Return to competition/full activities without restrictions.

BOE Adopted: January 7, 2017