

POLICY

2012

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Students

SUBJECT: CONCUSSION MANAGEMENT

The Board of Education recognizes that concussions and head injuries are the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. The physical and mental well-being of our students is a primary concern. Therefore, the _____ School District adopts the following Policy to support the proper evaluation and management of concussion injuries.

A concussion is a mild traumatic brain injury (MTBI). A concussion occurs when normal brain functioning is disrupted by a blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Recovery from concussion and its symptoms will vary. Avoiding re-injury and over-exertion until fully recovered are the cornerstones of proper concussion management. Concussions can impact a student's academics as well as their athletic pursuits.

Concussion Management Team (CMT)

In accordance with the Concussion Management and Awareness Act, the School District is authorized, at its discretion, to establish a Concussion Management Team (CMT) which may be composed of the certified athletic director, a school nurse, the school physician, a coach of an interscholastic team, a certified athletic trainer or such other appropriate personnel as designated by the School District. The Concussion Management Team shall oversee and implement the School District's concussion policy and regulations, including the requirement that all school coaches, physical education teachers, nurses and certified athletic trainers who work with and/or provide instruction to pupils engaged in school-sponsored athletic activities complete training relating to mild traumatic brain injuries. Furthermore, every concussion management team may establish and implement a program which provides information on mild traumatic brain injuries to parents and persons in parental relation throughout each school year.

Staff Training/Course of Instruction

Each school coach, physical education teacher, school nurse and certified athletic trainer who works with and/or provides instruction to students in school-sponsored athletic activities (including physical education class and recess) shall complete a course of instruction every two (2) years relating to recognizing the symptoms of concussions or MTBIs and monitoring and seeking proper medical treatment for students who suffer from a concussion or MTBI.

Components of the training will include:

- a) The definition of MTBI;
- b) Signs and symptoms of MTBI;

(Continued)

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- c) How MTBIs may occur;
- d) Practices regarding prevention; and
- e) Guidelines for the return to school and school activities for a student who has suffered an MTBI, even if the injury occurred outside of school.

The course can be completed by means of instruction approved by SED which include, but are not limited to, courses provided online and by teleconference.

Information to Parents

The District shall include the following information on concussion in any permission or consent form or similar document that may be required from a parent/person in parental relation for a student's participation in interscholastic sports. Information will include:

- a) The definition of MTBI;
- b) Signs and symptoms of MTBI;
- c) How MTBIs may occur;
- d) Practices regarding prevention; and
- e) Guidelines for the return to school and school activities for a student who has suffered an MTBI, even if the injury occurred outside of school.

The District will provide a link on its website, if one exists, to the above list of information on the State Education Department's and Department of Health's websites.

Identification of Concussion and Removal from Athletic Activities

The District shall require the immediate removal from all athletic activities of any student who has sustained, or is believed to have sustained, a mild traumatic brain injury (MTBI) or concussion. Any student demonstrating signs, symptoms or behaviors consistent with a concussion while participating in a class, extracurricular activity, or interscholastic athletic activity shall be removed from the class, game or activity and must be evaluated as soon as possible by an appropriate health care professional. Such removal must occur based on display of symptoms regardless of whether such injury occurred inside or outside of school. If there is any doubt as to whether the student has

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sustained a concussion, it shall be presumed that the student has been injured until proven otherwise. The District shall notify the student's parents or guardians and recommend appropriate evaluation and monitoring.

The School District may choose to allow credentialed District staff to use validated Neurocognitive computerized testing as a concussion assessment tool to obtain baseline and post-concussion performance data. These tools are not a replacement for a medical evaluation to diagnose and treat a concussion.

Return to School Activities and Athletics

The student shall not return to physical activity (including athletics, physical education class and recess) until he/she has been symptom-free for not less than twenty-four (24) hours, and has been evaluated and received written authorization from a licensed physician. In accordance with Commissioner's Regulations, the School District's Medical Director will give final clearance on a return to activity for extra-class athletics. All such authorizations shall be kept on file in the student's permanent health record. The standards for return to athletic activity will also apply to injuries that occur outside of school. School staff should be aware that students may exhibit concussion symptoms caused by injuries from outside activities and that these visible symptoms also indicate a removal from play.

The District shall follow any directives issued by the student's treating physician with regard to limitations and restrictions on school and athletic activities for the student. The District's Medical Director may also formulate a standard protocol for treatment of students with concussions during the school day.

In accordance with NYSED guidelines, this Policy shall be reviewed periodically and updated as necessary in accordance with New York State Education Department guidelines. The Superintendent, in consultation with the District's Medical Director and other appropriate staff, may develop regulations and protocols for strategies to prevent concussions, the identification of concussions, and procedures for removal from and return to activities or academics.

Education Law Sections 207; 305(42), and 2854
8 NYCRR 135.4 and 136.5

Guidelines for Concussion Management in the School Setting, SED Guidance Document, June 2012

Adoption Date

MCGRAW CENTRAL SCHOOL DISTRICT'S STUDENT

Return to play/activity Protocol Following a Concussion

The following protocol has been established in accordance to the National Federation of State High School Associations and the International Conference on Concussion in Sport, Prague 2004 and Zurich 2008. In addition it has been fabricated in a collaborative effort with concussive experts within the greater Central New York area and the McGraw Central School District's Supervising Medical Officers and concussion management team. As such it is imperative to remember the safety of the student is the primary concern of McGraw Central School District and its medical personnel.

The information contained below is to be used as mere guidelines that are to be implemented in the time following a concussive event. The information is **not to be considered as all inclusive or all encompassing**.

When a student shows signs or symptoms of a concussion or is suspected to have sustained a brain injury after an evaluation by medical personnel at the time of the incident:

1. The student **will not** be allowed to return to play/activity in the current game or practice.
2. The student should not be left alone, and regular monitoring for deterioration is essential over the initial few hours following injury.
3. Following the initial injury, the student **must follow up** with their primary Care Physician or by an Emergency Department within the first 24 hours.
4. The student **must have** the "initial Concussion Checklist by Coach/Nurse" and the "Concussion Checklist Physician Evaluation" signed and dated by #3 above. These forms must be returned the School Nurse at McGraw Central Schools.
5. Return to play **must follow** a medical clearance and successful completion of the "Return to Play Protocol".
6. The Coach/Nurse will supervise and document the Zurich "Return to Play Protocol." School District appointed M.D. has final determination for students return to play status.

The cornerstone of proper concussion management is rest until all symptoms resolve and then a graded program of **exertion** before return to sport/activity. The program is broken down into six steps in which only one step is covered per one 24 hour period. The six steps involved with the Return to Play Protocol are:

1. No exerting activity until asymptomatic.
2. Light aerobic exercise such as walking or stationary bike, etc. No resistance training.
3. Sport/activity specific exercise such as skating, running, etc. Progressive addition of resistance training may begin.
4. Non-contact training/skill drills.
5. Full contact training in practice setting (if a contact/collision sport).
6. Return to competition

If any post-concussion symptoms recur, the student should drop back to previous level and try to progress after 24 hours of rest. In addition, the student-athlete should also be monitored for recurrence of symptoms due to mental exertion, such as reading, working on a computer, or taking a test.

MCGRAW CENTRAL SCHOOL DISTRICT

NYSPHSAA

CONCUSSION AND HEAD INJURY INFORMATION RELEASE FORM

2017-18

This form must be signed by all student athletes and their parent/guardian before the student can participate in any interscholastic sport or cheerleading activity each school year.

“Concussion” means a “mild traumatic brain injury” that is characterized by an onset of impairment of cognitive and/or physical functioning and is caused by a blow to the head, face or neck, or a blow to the body that causes a sudden jarring of the head (e.g., a helmet to the head, being knocked to the ground). A concussion can occur with or without a loss of consciousness; and proper management is essential to the immediate safety and long term future of the injured individual.

This form is required by New York State Law established in New York State Bill S861-2011 the “Concussion Management and Awareness Act”. The “Concussion Management and Awareness Act” went into effect on July 1, 2012 for all public schools and charter schools.

Parent/Guardian **must read and review** the attached NYSPHSAA Student and Parent Information Sheet with their son/daughter prior to their participation in the McGraw Central School District Interscholastic Athletics Program.

I have reviewed this information on concussions and am aware that a release from the student’s treating physician and the school district physician is required before a student may return to play under the McGraw Central School District Concussion Management Policy.

Student Athlete Name (printed)	Student Athlete Signature	Date
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Parent/Guardian Name (printed)	Parent/Guardian Signature	Date
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For current and up to date information on concussions you can go to:

<http://www.cdc.gov/concussionsinYouthSports>

www.NFSHlearn.com

This form will be kept on file with the school nurse. Parent/Guardian and student athletes will receive a copy of the form for their records and reference.

**MCGRAW CENTRAL SCHOOL DISTRICT'S
STUDENT
CONCUSSION CHECKLIST
Physician Evaluation**

(To be completed by student primary care Physician or ER Physician ONLY!)

Date of First Evaluation: _____

Time of Evaluation: _____

Date of Second Evaluation: _____

Time of Evaluation: _____

* PLEASE INDICATE YES OR NO IN YOUR RESPECTIVE COLUMNS.

Symptoms Observed:	First Doctor Visit		Second Doctor Visit	
	Yes	No	Yes	No
Vertigo	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
Photophobia	Yes	No	Yes	No
Sensitivity to Noise	Yes	No	Yes	No
Ante Grade Amnesia	Yes	No	Yes	No
Retro Grade Amnesia	Yes	No	Yes	No

First Doctor Visit: (one or the other must be circled)

Did you review the "Initial Concussion Checklist" provided by the Coach/Nurse?	Yes	No
Did the student sustain a concussion?	Yes	No
Positive finding on a neurological exam?	Yes	No

Additional Findings/Comments: _____

Recommendations/ Limitations: _____

Physician's Signature _____ Date _____

Print Physician's Name _____ Phone Number _____

Second Doctor Visit:

Please check one of the following:

- Student is asymptomatic and may begin the return to activity progression/IMPACT Testing.
- Student is still symptomatic after seven days. Refer to a concussion specialist/clinic.

Physician's Signature _____ Date _____

Print Physician's Name _____ Phone Number _____