

GENERAL BROWN CENTRAL SCHOOL BOARD POLICY

Concussion Management Policy

The Board of Education of the General Brown 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.

A concussion is a mild traumatic brain injury. Concussions occur when normal brain functioning is disrupted by a blow or jolt to the head. Signs and symptoms include, but are not limited to: amnesia, confusion, dizziness, headache, loss of consciousness, nausea, poor attention, poor coordination, slurred speech, visual disturbance, and vomiting. Recovery from a 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, school nurses, athletic trainers and other appropriate staff will receive biennial 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. In the event that there is any doubt as to whether a pupil has sustained a concussion, it shall be presumed that he or she has been so injured until proven otherwise. If the school nurse is not available at the time signs, symptoms, or behaviors consistent with a concussion are exhibited, the athletic trainer or coach or staff member in charge of supervising the student will notify the student's parents or guardians and recommend appropriate monitoring to them. The School Nurse must be notified about the situation so to follow up and monitor the progress of the recovery.

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 his/her healthcare 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.

Education

Concussion education should be provided to all physical education teachers, coaches, school nurses, athletic trainers, and other relevant staff members on a biennial basis. Education of parents should be accomplished through preseason meetings for sports and/or informational sheets provided to parents. Education should include, but not limited to, the definition of concussion, signs and symptoms of concussions, how concussions occur, practices regarding prevention of concussions, management of the injury, and the protocol for return to activity and 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 chief medical officer, a school nurse, the athletic director or director of physical education, and one or more board appointed coaches. The District's CMT should coordinate training for all administrators, teachers, coaches and parents. Trainings should be mandatory for all coaches, assistant coaches, and volunteer coaches that work with student athletes regularly. In addition, the CMT is responsible for reviewing and providing all the information related to concussions provided to athletes, parents, and coaches. Parents must be made aware of the school district's policy and how these injuries will ultimately be managed by school officials.

Training should include, but not be limited to, the definition of concussion, signs and symptoms of concussion, how concussions occur, practices regarding prevention of concussions, management of the injury, and the protocol for return to activity and interscholastic athletics. 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 must 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.

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Return to Play Protocol Following a Concussion

The following protocol has been established in accordance to the National Federation of State High School Associations and the Third International Conference on Concussion in Sport, Zurich 2008. The information contained herein serves as a guide to be implemented following a suspected concussion. The General Brown Central School District reserves the right to develop more stringent protections at any time, and to act in a manner that is more cautious in protecting the health and well-being of its students.

When an athlete shows ANY signs or symptoms of a concussion:

1. The athlete will not be allowed to return to play in the current game or practice.
2. The student's general cognitive status should be determined by the School nurse, an athletic trainer, or if appropriate medical personnel are not available, the coach or personnel responsible for supervising the student.
3. The athlete should not be left alone, and regular monitoring for deterioration is essential over the initial few hours following injury.
4. Following the injury, the student shall be instructed to see his/her primary care physician or an emergency department physician within 24 hours.
5. Return to play must follow a medically supervised stepwise process.

The cornerstone of proper concussion management is rest until resolution of all symptoms, clearance by the student's treating physician, 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:

1. No exertion activity until asymptomatic for 24 hours and has received written authorization from his or her treating physician to resume activity.
2. Light aerobic exercise such as walking or stationary bike, etc. No resistance training.
3. Sport 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 as defined in 8 N.Y.C.R.R. 135.4).
6. Return to competition.

If any symptoms recur, the student shall submit to an examination by his or her treating physician, receive written authorization from such physician to resume activity, rest for 24 hours, drop back to the previous step, and then resume protocol. In addition, the student-athlete should be monitored for recurrence of symptoms due to physical activity and/or mental exertion, such as reading, working on a computer, or taking a test. Return to participation shall be permitted upon completion of the protocol.