

Ichabod Crane CSD

CONCUSSION MANAGEMENT PROTOCOLS

Concussion, or “MTBI” (mild traumatic brain injury), is a reaction by the brain to a jolt or force that can be transmitted to the head by an impact or blow anywhere on the body. The concussion results from the brain moving back and forth or twisting rapidly within the skull. Symptoms result from a temporary change in the way the brain normally functions.

The Board of Education of the Ichabod Crane Central School District recognizes that concussions and head injuries are the most commonly reported injuries in children and adolescents who participate in sports and recreational activity. The BOE also recognizes the importance of early identification and appropriate action taken for concussion or suspected concussion. Recovery from concussion will vary. Avoiding re-injury and over-exertion until fully recovered are the cornerstones of proper concussion management.

Written protocols and procedures set forth in this document have been developed to ensure the best possible outcome for our students with head injury. This document also outlines prevention and safety measures through education of students, teachers, coaches, parents/guardians and other persons in supervisory positions both in and outside of the school setting.

A concussion management team will be created to periodically review and revise procedures and protocols as set forth by this document. Members will include but are not limited to: District Medical Director, School Nurse, Athletic Director, Certified Athletic Trainer, Physical Education teacher, Academic teacher, Athletic coach, School Administrator, Guidance Counselor, Parents/Guardians, Student. Guidelines for members of this management team are outlined in the “State Education Department Guidelines for Concussion Management” and are attached to this document.

These protocols apply to students with concussion or suspected concussion regardless of where the event occurred. A medical evaluation will be required if concussion symptoms are observed or reported subsequent to an event that may have occurred at home, school or elsewhere.

PROCEDURES

Education:

- All school coaches, physical education teachers, nurses, and certified athletic trainers must complete a NYS Education Department approved course on concussion and concussion management every 2 years. The district athletic director will maintain documentation of course completion.
- Students will receive instruction on concussion and proper reporting of symptoms of concussion through the Physical Education teachers and coaches. Instruction shall include but not be limited to symptoms of concussion, how these injuries occur, role of CAT scans and MRI exams, management of the injury and District protocol for return to activity and/or athletics. This information will be reviewed at the beginning of every sport season with the coach and at the beginning of the school year with physical education teachers.
- The District Athletic Director will distribute written information on concussion and the District protocols regarding management of concussions to parents during the pre season meetings for athletic participation. Permission forms for athletic participation will include information on concussion and/or how to access information through the NYS Education/ Health Department web sites. Concussion information will also be posted on the District Web site.
- Academic teachers and other persons in supervision of students will receive written information on concussion and the District protocols on management of concussions at the beginning of each academic school year through the building principals.

Prevention and Safety:

- The Facilities Manager in accordance with district policy will conduct Review of the physical plant and emergency safety plans.
- Supervisory personnel such as physical education teachers and coaches shall review proper use and maintenance of any and all safety equipment with students at the beginning of each season and/or activity.
- Appropriate District approved supervision shall be provided for all school approved activities both on and off school grounds.

Identification:

- All District approved personnel in supervision of students must be able to recognize signs and symptoms of concussion and how these injuries occur.
- All students with potential concussion, observed or reported, must be removed from athletic activities, academic class or extracurricular activity, and remain under observation until such time as a parent/guardian is present and/or a medical assessment is initiated.
- The District approved person in supervision will contact the parent/guardian, school nurse, athletic director, teacher, coach, and/or school administrator as deemed appropriate at the time of the concussion event and request an evaluation by a medical provider as soon as possible.
- The District approved person in supervision will submit a written report describing the concussion event and all actions taken. This report shall be submitted to the school nurse, athletic director and school administrator as soon as possible after the event.

- In the absence of a medical provider, school approved personnel must assist families in obtaining a provider and offering information on public health insurance.

Medical Treatment Plan:

- A medical provider must evaluate all students with concussion or suspected concussion. Providers are defined as a licensed physician, nurse practitioner or physician assistant. Evaluations and written releases must be specific to that particular student.
- Students sustaining a concussion during school sponsored athletic activities must be evaluated by and receive written and signed authorization from a licensed physician to return to activities. Additionally, the District Medical Director must make the final decision for return to **extra school athletics** regardless of where the concussion event took place.
- Students sustaining a concussion anywhere other than school sponsored athletic activities may have a written and signed clearance to return to activities from their physician, nurse practitioner or physician assistant. The post-concussion student must be symptom free for at least 24 hours and follow a gradual return to physical education class as outlined in this document.
- All students with written and signed authorization from the District Medical Director to return to extra school athletics must be symptom free for a minimum of 24 hours and follow the “Gradual Return to Activity” protocol contained in this document.
- Athletic coach will monitor progress on each phase of the “return to activity” protocol for athletes cleared by the District Medical Director to return to extra school athletics.
- The Physical Education teacher will supervise a gradual return to physical education activities over the course of 1 week for post concussion students cleared by a physician to return to physical education classes. This gradual return program will be developed by the teacher and will be based on the scheduled program unless otherwise specified by the medical provider.

- The guidance counselor will provide appropriate modifications to academic requirements in conjunction with the student's teachers and the medical providers written recommendations.
- School personnel shall report any return of symptoms to the school nurse who will contact the parent/guardian and may request a medical re-assessment.

RETURN TO PHYSICAL ACTIVITY PROTOCOL

STUDENT NAME: _____ Date of medical approved return: _____

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 of time proceed to phase 2.

Date completed: _____ Student Initials: _____ Coach Initials: _____

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 24 hours proceed to phase 3.

Date completed: _____ Student Initials: _____ Coach Initials: _____

Phase 3: Sport specific non-contact activity. Low resistance weight training with a spotter. If tolerated without return of symptoms over 24 hours proceed to phase 4.

Date completed: _____ Student Initials: _____ Coach Initials: _____

Phase 4: Sport specific activity, non-contact drills and intense aerobic activity. If tolerated without return of symptoms over 24 hours proceed to phase 5.

Date completed: _____ Student Initials: _____ Coach Initials: _____

Phase 5: Full contact training drills and intense aerobic activity. If tolerated without return of symptoms over 24 hours proceed to phase 6.

Date completed: _____ Student Initials: _____ Coach Initials: _____

Phase 6: Return to full activities without restriction.

** If concussion symptoms return during any of the above activities, the student must return to the previous level after resting for 24 hours.