

**CONCUSSION MANAGEMENT**

The Board of Education of the South Colonie 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 activities. Therefore, the District adopts the following policy and guidelines to assist in the proper evaluation and management of head injuries.

Concussion is a mild traumatic brain injury. Concussion occurs when normal brain functioning is disrupted by a blow or jolt to the head. Recovery from concussion will vary. Avoiding re-injury and over-exertion until fully recovered are the cornerstones of proper concussion management.

Any student demonstrating signs and symptoms or behaviors consistent with a concussion 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. The District should notify the student's parents or guardians and recommend appropriate monitoring to parents or guardians.

The student should not return to school or activity until released by an appropriate health care professional. The school's Chief Medical Officer will be responsible for 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 their health care provider.

The Superintendent, in concert with the Athletic Director, medical professionals, trainers, and appropriate staff members, shall develop regulations to implement this policy.

Reference: Concussion Management and Awareness Act  
8 NYCRR §§ 135.4(c)(4); 135.4(c)(7)(i)  
Education Law § 8351

Adopted: March 20, 2012

Revised: June 27, 2017

**CONCUSSION MANAGEMENT REGULATION****Purpose**

This concussion regulation is designed to help the South Colonie Central School District react to suspected concussed students/athletes in an efficient and objective manner. By following this protocol, the school will be able to provide efficient treatment to make the student/athlete health a priority while also being able to assist the student/athlete in returning to competition as quickly as possible following appropriate safety protocols.

**Education**

Concussion education should be provided for all administrators, teachers, coaches, school nurses, athletic trainers, and school counselors. Education of parents should be accomplished through pre-season 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 MRIs, 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 of whether the accident occurred outside of school or while participating in a school activity.

**Concussion Management Program**

The Concussion Management and Awareness Act, specifically Chapter 496 of the Laws of 2011, requires the Commissioner of Education, in conjunction with the Commissioner of Health, to promulgate rules and regulations related to students who sustain a concussion, also known as a Mild Traumatic Brain Injury (MTBI), at school and at any District-sponsored event or related activity. These guidelines for return to school and certain school activities apply to all public school students who have sustained a concussion regardless of where the concussion occurred. The law also 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 (2) years. Finally, the law requires that students who sustained, or are suspected to have sustained, a concussion during athletic activities are to be immediately removed from such activities. Students 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.

In order to implement a successful program the following steps are needed:

1. The South Colonie Board of Education adopt a concussion management policy.
2. A Concussion Management Team (CMT) be created consisting of the Director of Athletics, District Nurse Coordinator, Athletic Trainer, a Varsity Coach designated by the Athletic Director, High School Physical Education Coordinator and the School Physician.

3. Develop a communication protocol to ensure all stakeholders are informed of an injury.
4. Develop a Return-to-Play protocol clearly outlining from a symptom-free approach to a progressive exercise routine. This multi-day regimen would lead to the student-athletes return to competition.
5. The purchase of the ImPACT Tool to test the designated athletic teams who have a higher risk for concussion.
6. Locate a computer access room which would be the testing site.
7. Develop a team testing schedule for the targeted athletic teams.
8. Provide professional development for school nurses, certified athletic trainers, Physical Education teachers, and coaches have completed the NYSED-approved, required training course. Certified athletic trainers and school nurses must complete the Department-approved course for school nurses and athletic trainers every two (2) years. NYSED has approved the course Heads Up to Clinicians for these professions, which is a free web-based course developed by the CDC. Information regarding the course is available at <https://www.cdc.gov/headsup/providers/training/index.html>. Coaches and PE teachers must complete the Department-approved course for coaches and PE teachers every two (2) years. NYSED has approved the course Heads Up, Concussion in Youth Sports for these professions, which is a free web-based course that has been developed by the CDC. It is available at <http://nfhslearn.com/courses/61064/concussion-in-sports>.
9. Set up testing procedures for the student-athletes and supervision responsibilities for the coaches.

### **Concussion Management Team**

The District will maintain a Concussion Management Team (CMT). The CMT may be made up of the following members:

- Athletic Director, Chair
- District Nurse, Coordinator
- Varsity Football Coach
- High School Physical Education Coordinator
- Athletic Trainer
- School District Physician

The District's CMT should recommend and coordinate training for all administrators, teachers, coaches and parents. Training shall be mandatory for all coaches, assistant coaches, volunteer coaches, Physical Education teachers, and activity advisors that work with students. In addition, information related to concussions shall also be included at parent meetings as well as provided to parents at the beginning of sports seasons through the athletic handbook. Parents need to be aware of the school district's policy and how these injuries will ultimately be managed by school officials.

The Concussion Management Team shall:

- Keep all coaches and faculty up to date on concussion management and RTP/RTS (Return to Participate/Return to School) protocol.
- Select a point person to act as the leader and liaison to the CMT.
- Help identify concussed students and monitor care along with return to school and interscholastic athletic participation.
- Reinforce that the School District Physician has the authority and responsibility to approve all return to participate releases (working with the student's Primary Care Physician if student has one).

Training shall include: Signs and symptoms of concussions, post-concussion and second impact syndromes, return to participate and school protocols, and available area resources for concussion management and treatment. Particular emphasis should be placed on the fact that **no** student will be allowed to return to participate the day of injury and also that **all** students should obtain appropriate medical clearance prior to returning to participate in an activity or return to school.

The CMT will act as a liaison for any student returning to school and/or participation following a concussion. The CMT will review and/or design an appropriate plan for the student while the student is recovering.

### **Return to Physical Activity Protocol**

Once a student diagnosed with a concussion has been symptom free at rest for at least 24 hours, a private licensed physician may choose to clear the student to begin a graduated return to activities. If the District has concerns or questions about the private medical provider's orders, the District Medical Director should contact that provider to discuss and clarify. Additionally, the Medical Director has the final authority to clear students to participate in or return to extra-class physical activities in accordance with 8NYCRR 135.4(c)(7)(i).

Students should be monitored by District staff daily following each progressive challenge, physical or cognitive, for any return of signs and symptoms of concussion. Staff members should report any observed return of signs and symptoms to the school nurse, certified athletic trainer, or administration in accordance with District policy. A student should only move to the next level of activity if they remain symptom free at the current level. Return to activity should occur with the introduction of one new activity each 24 hours. If any post-concussion symptoms return, the student should drop back to the previous level of activity, then re-attempt the new activity after another 24 hours have passed. A more gradual progression should be considered based on individual circumstances and a private medical provider's or other specialist's orders and recommendations.

The following is the recommended return to physical activity protocol based on the Zurich Progressive Exertion Protocol (<http://bjsm.bmj.com/content/47/5/250/T1.expansion.html>).

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 restriction.

### **IMPACT Test Administration**

In order to better manage concussions sustained by student-athletes, the District has acquired a software tool called IMPACT (Immediate Post Concussion Assessment and Cognitive Testing). IMPACT is a computerized neurocognitive assessment tool to help licensed healthcare providers evaluate and manage a suspected concussion. A computerized exam is given to athletes before beginning contact sport practice or competition. Essentially, the IMPACT test is a pre-season physical of the brain. It tracks information such as memory, reaction time, speed, and concentration.

All athletes in Grades 7, 9 and 11 and any athletes new to the District should be administered the IMPACT Test. Additionally, all athletes participating in the seasonal sports below will be administered the test.

Fall: Football (all levels), Boys/Girls Soccer (all levels), Cheerleading

Winter: Wrestling, Ice Hockey, Cheerleading, Boys/Girls Basketball (High School), Indoor Track (Pole Vault, events involving Hurdles)

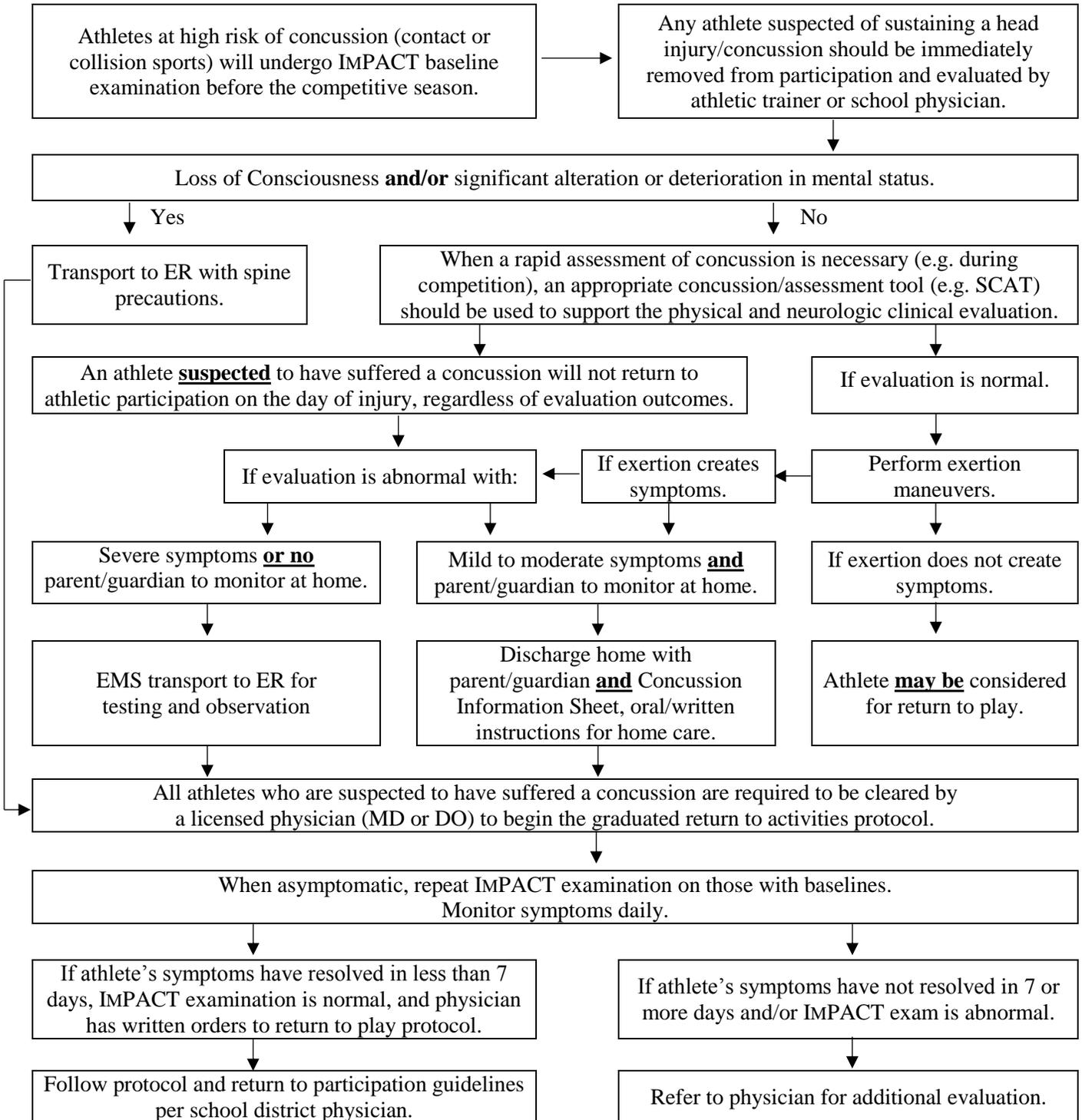
Spring: Boys/Girls Lacrosse (High School), Baseball (High School), Softball (High School), Track (Pole Vault, events involving Hurdles)

Adopted: March 20, 2012

Revised: June 27, 2017

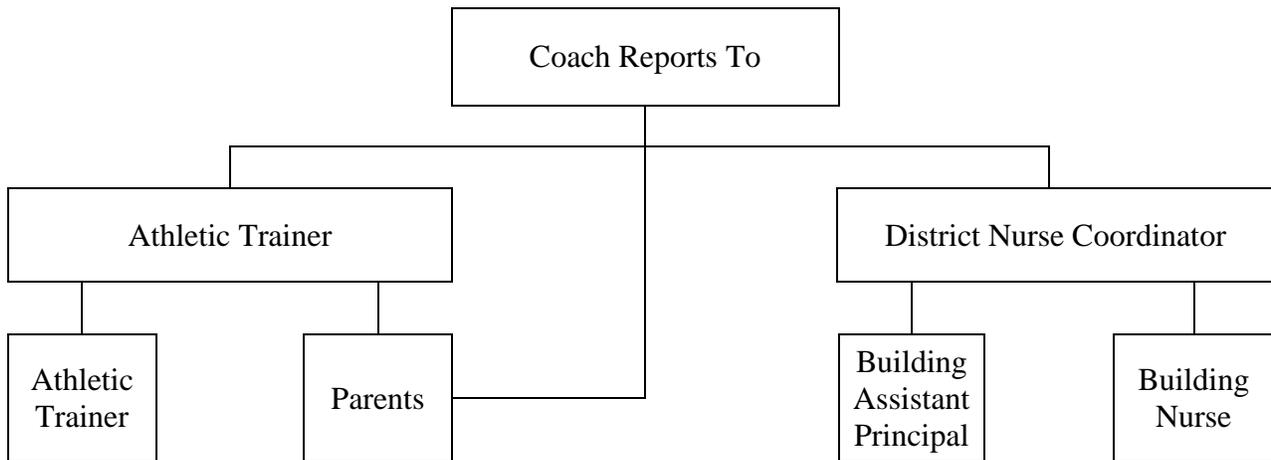
**TYPICAL CONCUSSION MANAGEMENT FLOW CHART**

While circumstances may vary, judgment should always favor the side of caution.



**CONCUSSION MANAGEMENT**  
**ATHLETIC COMMUNICATION PROTOCOL**

**HEAD INJURY**



**SUSPECTED BRAIN INJURY/CONCUSSION NOTIFICATION**

1. \_\_\_\_\_ sustained a head injury/concussion on \_\_\_\_\_ while participating in \_\_\_\_\_.
2. Please pay close attention for development of the following signs/symptoms (signs/symptoms do not need to be in any order) or any other condition not considered to be normal:
  - a. headache or worsening headache
  - b. dizziness
  - c. unusual drowsiness
  - d. nausea or vomiting
  - e. blurred vision
  - f. poor light accommodation
  - g. memory loss/disorientation
  - h. slurring speech
  - i. unsteadiness
  - j. difficulty in waking up
  - k. ringing in the ears
  - l. unequal pupils (dial 911)
  - m. unconsciousness (dial 911)
  - n. convulsions (dial 911)
3. If any of the above conditions arise or worsen, seek medical attention immediately.
4. Keep the athlete calm, lying down, and quiet. Rest as much as possible, physically and mentally. Following a head injury or concussion, the brain is in a hyper-sensitive state and needs rest from physical activity and mental stimulation (TV, video games, reading, academic work, etc.) that create or exacerbate symptoms. People who have suffered head injuries or concussions generally feel that their symptoms worsen after participating in these types of activities.
5. The athlete is not to take aspirin, Tylenol, Ibuprofen, or any other pain medication without a physician's approval. It is possible for these medications to mask the true level of pain or symptoms, which could result in worsening of the injury or delaying you from seeking advanced medical care.
6. If applicable, please do not allow the student to drive or operate machinery or mechanical devices.
7. In accordance with the Concussion and Management Awareness Act, any student suspected of having 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 must be removed from athletic activity and/or physical activities (e.g., PE class, recess) and observed until an evaluation can be completed by the athletic trainer, school nurse, family physician, or school district physician.
8. Student removed from athletic activities at school for a suspected concussion must be evaluated by and receive written and signed authorization from a licensed physician in order to return to athletic activities in school.

9. If symptoms persist for more than 15 minutes, continue into the morning, worsen at any time, or go away then return, the athlete must be evaluated and cleared in writing by their physician, the school district physician, and the athletic trainer or school nurse before beginning any return to play protocol.
10. If all symptoms are gone and the athlete did not see a physician or has received all necessary clearances, they must still be evaluated by the Athletic Trainer before beginning the five-day return to play protocol.

Thank You,

Head Athletic Trainer

**RETURN TO PARTICIPATION PROTOCOL**

Any athlete who suffers a head injury that results in signs or symptoms of a concussion may not return to play or practice on the day of injury.

**Protocol for Returning to Play Following a Restriction from Participation Due to Head Injury or Concussion:**

Any athlete who has sustained a head injury or concussion should be evaluated by a qualified health care provider.

When an athlete returns to play following a head injury or concussion, they should follow a stepwise (gradual progression) symptom-limited program (stop if symptoms recur), with the following stages of progression.

- Phase 1: Low impact, non-strenuous, light aerobic activity such as walking or riding a stationary bike.
- Phase 2: Higher impact, higher exertion, and moderate aerobic activity such as jogging or jumping rope.
- Phase 3: Sport specific non-contact activity. Low resistance weight training with a spotter.
- Phase 4: Sport specific activity, non-contact drills. Higher resistance weight training with a spotter.
- Phase 5: Full contact training drills and intense aerobic activity.
- Phase 6: Game-level play/activity.

An athlete must remain asymptomatic to progress to the next level. If symptoms recur, the athlete must return to the previous level. Each step requires a minimum of 24 hours, but could take longer.

**The ultimate authority and responsibility of returning an athlete to competition rests with the South Colonie Central School District medical staff. This includes the South Colonie Athletic Trainers and/or school nurses and the School District Physician.**

**PHYSICIAN’S RETURN TO ATHLETIC PARTICIPATION STATEMENT**

Injury Date: \_\_\_\_\_

Today’s Date: \_\_\_\_\_

Dear Physician,

The following Colonie Central High School athlete \_\_\_\_\_ has suffered a head injury and we wish you to understand the protocols we use regarding return to athletic participation.

In order to ensure that all student-athletes return to their sport safely, the South Colonie Central School District adheres to the following graduated return to athletic participation protocol based on the New York State Concussion Management and Awareness Act, specifically Chapter 496 of the Laws of 2011.

If appropriate, the following assessment/documentation for this situation and athlete is on file at the Colonie Central High School:

SCAT 3 or 5  
Full Assessment

SCAT 3 or 5  
Signs/Symptoms Only

IMPACT

Injury Report

The South Colonie Central School District adheres to the following graduated return to play protocol after 24 hours asymptomatic:

- Phase 1: Low impact, non-strenuous, light aerobic activity such as walking or riding a stationary bike.
- Phase 2: Higher impact, higher exertion, and moderate aerobic activity such as jogging or jumping rope.
- Phase 3: Sport specific non-contact activity. Low resistance weight training with a spotter.
- Phase 4: Sport specific activity, non-contact drills. Higher resistance weight training with a spotter.
- Phase 5: Full contact training drills and intense aerobic activity.
- Phase 6: Game-level play/activity.

An athlete must remain asymptomatic to progress to the next level. If symptoms recur, the athlete must return to the previous level. Each step requires a minimum of 24 hours, but could take longer.

\* Per District policy & NYS Chapter 496, Laws of 2011, an athlete must obtain written clearance from a licensed physician (MD, DO) to begin the six (6) phase return to play protocol.

Please feel free to contact with me with any questions or concerns you may have.

Head Athletic Trainer  
South Colonie Central School District

**PHYSICIAN'S RETURN TO ATHLETIC PARTICIPATION STATEMENT**

Please check the appropriate statement for this athlete to return to athletic competition.

This athlete must be seen again by a licensed physician in order to be cleared for competition

This athlete may return to competition when he/she has completed the graduated return to play criteria outlined above and has remained symptom free through it all

Other protocol/instructions to athlete/ATC (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name (Print): \_\_\_\_\_

Physician Office Phone: \_\_\_\_\_

**SAMPLE LETTER – IMPACT TESTING**

Dear Parent/Guardian:

Colonie Central High School is currently implementing an innovative program for our student-athletes. This program will assist our Team Physician/Athletic Trainers in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called IMPACT (Immediate Post Concussion Assessment and Cognitive Testing).

IMPACT is a computerized neurocognitive assessment tool to help licensed healthcare providers evaluate and manage a suspected concussion. IMPACT is the industry leader in concussion management and trusted by teams and organizations around the world.

The computerized exam is given to athletes before beginning contact sport practice or competition. This non-invasive test is set up in video game type format and takes about 25 minutes to complete. It is simple and many athletes actually enjoy the challenge of taking the test. Essentially, the IMPACT test is a pre-season physical of the brain. It tracks information such as memory, reaction time, speed, and concentration; however, it is not an IQ test.

If a concussion is suspected, the athlete will be required to retake the test. Both the pre-season and post-injury test data is given to our School District Physician. The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return to play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

Utilizing the IMPACT testing procedures are non-invasive and they pose no risks to your student-athlete. We are excited to implement this program given that it provided us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions.

The South Colonie Central School District and all of our staff members are striving to keep your child's health and safety at the forefront of the student-athlete experience. Please return the IMPACT Consent Form with the appropriate signatures. If you have any further questions regarding this program please feel free to contact me.

Sincerely,

District Nurse Coordinator  
South Colonie Central School District

Head Athletic Trainer  
South Colonie Central School District