

## CONCUSSION MANAGEMENT

The Board of Education of the Marathon 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 Marathon Central School District adopts the following policy to support the proper evaluation and management of head injuries.

A concussion is a traumatic brain injury. Concussion occurs when normal brain functioning is disrupted by a blow or jolt to the head. 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, nurses and other appropriate staff will receive 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 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. The school nurse will notify the student's parents or guardians and recommend appropriate monitoring to them. The school nurse will follow up with the parents or guardians as soon as they become available. Accident reports must be submitted to the school nurse on the day of the accident or on the following school day if accident occurs after school. The school nurse will make contact with the parent.

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 school nurse so that the district can support the appropriate management of the condition.

The student shall not return to school or activity until he or she has received written authorization to do so by a licensed physician. 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 their health care 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.

Adoption date: June 20, 2012

# CONCUSSION GUIDELINES AND PROCEDURES

## Education

Concussion education should be provided for all coaches, school nurses and athletic trainers. Education materials will be provided to all administrators, teachers and guidance counselors. Education of parents /guardians should be accomplished through preseason meetings for sports and/ or information sheets provided to parents/guardians. 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 MRI's, 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 if the accident occurred outside of school or while participating in a school activity.

## Concussion Management Team

The Marathon Central School District will assemble a concussion management team (CMT). The CMT will consist of the Director of Athletics, the Director of Health & Physical Education, school nurses, and/or school contract physician. The District's CMT should coordinate training for all administrators, teachers, coaches and parents. Training should be mandatory for all coaches, assistant coaches and volunteer coaches that work with these student athletes regularly. In addition, information related to concussions should also be included at parent meetings or in information provided to parents at the beginning of sports seasons. Parents need to be aware of the school district's policy and how these injuries will ultimately be managed by school officials.

Training should include: signs and symptoms of concussions, post concussion and second impact syndromes, return to play and/or the classroom and school protocols, and available area resources for concussion management and treatment. Particular emphasis should be placed on the fact that no student and/or athlete will be allowed to return to play and/or the classroom the day of injury and also that all athletes should obtain appropriate medical clearance prior to returning to play and/or the classroom 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.

## Concussion Management Team

Director of Athletics ..... Todd James  
Director Health and Physical Education ..... Tom Mullins  
High School Nurse and or Elementary School Nurse ..... Dorleen Kellicutt/Val Gana  
School Contracted Doctor, Chief Medical Director ..... School Appointed Physician

## Concussion Management Protocol

### Return to play and/or classroom

Return to play and/or the classroom following a concussion involves a stepwise progression once the individual is symptom free. There are many risks to premature return to play and/or the classroom including: a greater risk for a second concussion because of a lower concussion threshold, second impact syndrome (abnormal brain blood flow that can result in death), exacerbation of any current symptoms, and possibly increased risk for additional injury due to alteration in balance. These NYSPHAA current returns to play recommendations are based on the most recent international expert opinion.\* No student should return to play and/or the

classroom while symptomatic. Students are prohibited from returning to play and/or the classroom the day the concussion is sustained. If there is any doubt as to whether a student has sustained a concussion, it should be treated as a concussion. Once the student and/or athlete is symptom free at rest for 24 hours and has a signed release by the treating clinician, and approved by the school contract physician she/he may begin the return to play and/or the classroom progression below (provided there are no other mitigating circumstances).

- Day 1: Light aerobic activity
- Day 2: Sport-specific activity
- Day 3: Non-contact training drills
- Day 4: Full contact practice
- Day 5: Return to play

Each step should take 24 hours so that a student and/or athlete would take approximately one week to proceed through the full rehabilitation protocol once they are asymptomatic at rest and with provocative exercise. If any post concussion symptoms occur 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. [These NYSPHAA current return to play and/or the classroom recommendations are based on the most recent international expert opinion.\*]

## **Protocol Steps**

1. Teacher, coach or nurse observes the student and/or athlete and completes the concussion checklist.
2. Student and/or athlete is removed from the rest of the activity, practice or competition. Students are prohibited from returning to play and/or the classroom the day the concussion is sustained.
3. Teacher, Coach or Nurse contacts the parent/guardian immediately
4. Student and/or athlete must be evaluated by a health care physician.
5. Health care physician must complete the physician evaluation.
6. Health care physician treating the student and/or athlete must sign a release.
7. School contract physician must co-sign the release in order for the student and/or athlete to return to play and/or the classroom progression after being symptom free for 24 hours.
8. School nurse will notify the Director of Athletics and the Director of Health and Physical Education when the student and/or athlete is cleared to return to the play progression.
9. School nurse will notify the teachers and the guidance office in regards to the progression for return related to academics.
10. If a student and/or athlete has symptoms more than seven days after injury, referral to a concussion specialist/clinic should be strongly considered.
11. If a student and/or athlete suffers a second concussion a referral to a concussion specialist/clinic is required in order for return to play and/or the classroom progression.

\*School district CMT's can utilize the NYSPHSAA website as well as [www.keepyourheadinthegame.org](http://www.keepyourheadinthegame.org) for information related to the signs and symptoms of concussions and the appropriate return to play and/or the classroom protocols. A handout describing the Concussion Management teams is also available on the NYSPHSAA website. A Concussion Management Check List that has been approved and recommended by NYSPHSAA is available on this site.

# CONCUSSION CHECKLIST

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

## On Site Evaluation

Description of Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the student and/or athlete ever had a concussion?	Yes	No	
Was there a loss of consciousness?	Yes	No	Unclear
Does he/she remember the injury?	Yes	No	Unclear
Does he/she have confusion after the injury?	Yes	No	Unclear

## Symptoms observed at time of injury:

Dizziness	Yes	No	Headache	Yes	No
Ringing in Ears	Yes	No	Nausea/Vomiting	Yes	No
Drowsy/Sleepy	Yes	No	Fatigue/Low Energy	Yes	No
“Don’t Feel Right”	Yes	No	Feeling “Dazed”	Yes	No
Seizure	Yes	No	Poor Balance/Coord.	Yes	No
Memory Problems	Yes	No	Loss of Orientation	Yes	No
Blurred Vision	Yes	No	Sensitivity to Light	Yes	No
Vacant Stare/			Sensitivity to Noise	Yes	No
Glassy Eyed	Yes	No			

\* Please circle “yes” or “no” for each symptom listed above.

Other Findings/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Final Action Taken: \_\_\_\_\_ Parents Notified \_\_\_\_\_ Sent to Hospital

Evaluator’s Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_ Phone No.: \_\_\_\_\_

## PHYSICIAN'S EVALUATION

**Date of First Evaluation:** \_\_\_\_\_ **Time of Evaluation:** \_\_\_\_\_

**Date of Second Evaluation:** \_\_\_\_\_ **Time of Evaluation:** \_\_\_\_\_

Symptoms Observed:	First Doctor Visit		Second Doctor Visit	
	Yes	No	Yes	No
Dizziness	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
Sensitivity to Light	Yes	No	Yes	No
Sensitivity to Noise	Yes	No	Yes	No
Anterograde Amnesia <i>(after impact)</i>	Yes	No	N/A	N/A
Retrograde Amnesia <i>(backwards in time from impact)</i>	Yes	No	N/A	N/A

\* Please indicate yes or no in your respective columns. First Doctor use column 1 and second Doctor use column 2.

**First Doctor Visit:** Did the student and/or athlete sustain a concussion? (Yes or No) (one or the other must be circled)

\*\* Post-dated releases will not be accepted. The student and/or athlete must be seen and released on the same day. Please note that if there is a history of previous concussion, then referral for professional management by a specialist or concussion clinic should be strongly considered.

Additional Findings/Comments: \_\_\_\_\_

Recommendations/Limitations \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print or stamp name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Second Doctor Visit:** Student and/or athlete must be completely symptom free in order to begin the return to play and/or the classroom progression. If student and/or athlete still has symptoms more than seven days after injury, referral to a concussion specialist/clinic should be strongly considered.

Please check one of the following:

- Student and/or athlete is asymptomatic and is ready to begin the return to play and/or the classroom progression.
- Student and/or athlete is still symptomatic more than seven days after injury.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print or stamp name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature School Contract Doctor: \_\_\_\_\_ Date: \_\_\_\_\_