

Students

SUBJECT: CONCUSSION MANAGEMENT

Concussions can impact a student's academic performance as well as their athletic pursuits. Therefore, the District has developed the following regulation to support the proper evaluation and management of concussion injuries.

Concussion Management Team

The District may establish a Concussion Management Team (CMT) which would oversee and implement the District's concussion management policies and protocols. The team may include:

- 1) The Athletic Director and/or Director of Physical Education;
- 2) A school nurse;
- 3) The school physician/District's Medical Director;
- 4) A coach of an interscholastic team and/or physical education teacher;
- 5) A certified athletic trainer;
- 6) Students;
- 7) Parents and persons in parental relation (parents);
- 8) School Administration/Pupil Personnel Services staff;
- 9) Teacher;
- 10) Private healthcare provider or specialist;
- 11) Other appropriate personnel as designated by the District.

The primary focus of the team would be student health and recovery. The following is a list of tasks that may be performed by the CMT:

- 1) Oversee the training of school coaches, physical education teachers, school nurses, and certified athletic trainers on concussion and Mild Traumatic Brain Injury (MTBI).
- 2) Use the District's existing system for tracking completed trainings and professional development courses to document each time a staff member completes this training or any related professional development courses, as well as to send emails to remind staff of the need to complete the training.

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SUBJECT: CONCUSSION MANAGEMENT (Cont'd.)

- 3) Work with the District's Medical Director and other licensed healthcare professionals employed by the District to establish a procedure and treatment plan to be utilized by District staff who may respond to students or staff with possible concussions during the school day or at a school-sponsored athletic event.
- 4) Advocate for appropriate academic and physical accommodations to reduce delays in a student's ability to return to full activities.
- 5) Provide information on concussion to students and parents throughout each school year.
- 6) Develop a coordinated communication plan among appropriate staff to ensure that private provider's orders for post-concussion management are implemented and followed, and for students to resume participation in athletic activities with the District's Medical Director's approval.

Identification of Concussions

Symptoms of a concussion include, but are not limited to:

- 1) Amnesia (e.g., decreased or absent memory of events prior to or immediately after the injury, or difficulty retaining new information);
- 2) Confusion or appearing dazed;
- 3) Headache or head pressure;
- 4) Loss of consciousness;
- 5) Balance difficulty or dizziness, or clumsy movements;
- 6) Double or blurry vision;
- 7) Sensitivity to light and/or sound;
- 8) Nausea, vomiting, and/or loss of appetite;
- 9) Irritability, sadness, or other changes in personality;
- 10) Feeling sluggish, foggy, groggy, or lightheaded;
- 11) Concentration or focusing problems;

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SUBJECT: CONCUSSION MANAGEMENT (Cont'd.)

- 12) Slowed reaction times, drowsiness;
- 13) Fatigue and/or sleep issues (e.g., sleeping more or less than usual).

Students who develop any of the following signs, or if the above listed symptoms worsen, must be seen and evaluated immediately at the nearest hospital emergency room:

- 1) Headaches that worsen;
- 2) Seizures;
- 3) Looks drowsy and/or cannot be awakened;
- 4) Repeated vomiting;
- 5) Slurred speech;
- 6) Inability to recognize people or places;
- 7) Weakness or numbing in arms or legs, facial drooping;
- 8) Unsteady gait;
- 9) Dilated or pinpoint pupils, or change in pupil size of one eye;
- 10) Significant irritability;
- 11) Any loss of consciousness;
- 12) Suspicion of skull fracture: blood draining from ear, or clear fluid from nose.

Neurocognitive Testing and Sideline Assessments

The District may, in collaboration with their Medical Director, allow District staff who are appropriately licensed or certified healthcare professionals and credentialed to use validated neurocognitive computerized testing as a concussion assessment tool. The District must seek authorization from the parent prior to the testing. Additionally, the parent should be given a copy of the results. These programs establish baselines for student athletes and allow for post-concussion performance evaluations. The tests also measure verbal and visual memory, processing speed, and reaction time. These tools may include ImPACT (Immediate Post Concussion Assessment and Cognitive Testing), Headminders, and ANAM (Automated Neuropsychological Assessment Metrics).

(Continued)

Students

SUBJECT: CONCUSSION MANAGEMENT (Cont'd.)

The District may also allow credentialed or trained staff or licensed healthcare professionals to use sideline assessment tools such as SCAT 5 (Sport Concussion Assessment Tool 5), SAC (Standardized Assessment of Concussion), K-D Test, or BESS (Balance Error Scoring System). The District recognizes the need for credentialing requirements of assessors, compliance with required testing conditions, along with the conditions and time intervals required for post-concussion testing.

To aid in the diagnosis and treatment of students, parents will be instructed to provide the results from any baseline testing or sideline testing performed to their student's healthcare providers. Neurocognitive testing is not a replacement for a medical evaluation to diagnose a concussion or clear a student to return to activities.

Procedure for Removal of Student from Athletic Activities Due to Concussion

The following procedure will be followed in the event that a student sustains or is believed to have sustained a concussion during any school-sponsored activity:

- 1) The student will not be allowed to return to play in the current game, practice, or event.
- 2) The student will not be left alone, and should be monitored regularly to check for deteriorating symptoms.
- 3) Staff on the sidelines will be trained in the use of a concussion checklist. Results of all evaluations will be passed on to the student's physician to aid in diagnosis.
- 4) A concussion fact sheet will be given to the student and their parent.
- 5) Parents must be contacted following an injury. Parental contact information must be up to date in case of an emergency.
- 6) The student must be picked up by a parent or person in parental relation over the age of 18. The student will not be released on their own or to a friend or fellow student.
- 7) If the injury is severe, an ambulance will be called to transport the student to the emergency room. If parents are not present, they will be contacted and instructed to meet the student and the ambulance at the emergency room.
- 8) The incident will be reported to the school nurse and an accident report must be filled out.
- 9) If the District utilizes neurocognitive testing as a concussion assessment tool to review and obtain baseline and post-concussion performance data, the District will administer this tool to the student to gather post-concussion performance data.

(Continued)

Students

SUBJECT: CONCUSSION MANAGEMENT (Cont'd.)**Post-Concussion Management**

Students who have been diagnosed with a concussion require both cognitive and physical rest as determined by the treating healthcare provider. How long that rest period is, and what activities may or may not be permitted will be different for each student. Physical rest includes getting adequate sleep, taking frequent rest periods or naps, and avoiding physical activity that requires exertion. Cognitive rest requires that the student avoid participation in, or exposure to, activities that require concentration or mental stimulation.

Delay in instituting healthcare provider orders for rest may prolong recovery from a concussion. Private healthcare provider's orders for avoidance of cognitive and physical activity and graduated return to activity should be followed and monitored both at home and at school. The District will consult its Medical Director if further discussion or clarification is needed regarding a private healthcare provider's orders, or in the absence of private healthcare provider orders. Additionally, children and adolescents are at increased risk of protracted recovery and severe, possible permanent disability or even death if they sustain another concussion before fully recovering from the first concussion. Therefore, it is imperative that a student is fully recovered before resuming physical and/or athletic activities that may result in another concussion.

Parents, teachers, and other District staff should watch for signs or symptoms of concussion symptoms reappearing such as fatigue, irritability, headaches, blurred vision, or dizziness, which may reappear with any type of mental activity or stimulation. If any of these signs or symptoms occur, the student should cease the activity. Return of symptoms should guide whether the student should participate in an activity.

When a student diagnosed with a concussion returns to school, it is important that the school and the parent maintain ongoing communication. Schools should keep the parent informed on the student's status and progress and the parent should inform the school of any signs and symptoms they see.

Students may feel upset about having to limit activities or having difficulties keeping up in school. Students should be reassured that the situation is most likely temporary, that the goal is to help the student get back to full activity as soon as it is safe, and to avoid activities which will delay their recovery.

Return to Academic Activities

After an initial period of complete rest lasting approximately 24-48 hours, a student's healthcare provider may clear a student to begin a gradual return to academic or cognitive activities. This may or may not coincide with the student's return to physical activities. The healthcare provider should give clear orders on the gradual return to activity protocol that the District must follow. If the District has concerns or questions about the private healthcare provider's orders, the District's Medical Director should contact that provider to discuss and clarify.

(Continued)

Students

SUBJECT: CONCUSSION MANAGEMENT (Cont'd.)

Initially, a student with a concussion may only be able to attend school for a few hours per day and/or need rest periods during the day. Students may exhibit increased difficulties with focusing, memory, learning additional information, and/or an increase in irritability or impulsivity. Staff should have clear directions on the student's gradual return to academic activities. They should be instructed that any activity may cause the student to become easily fatigued and the student should be allowed to rest, as needed.

The District will have internal procedures in place related to transitioning students back to academic activities as ordered by the healthcare provider and for making accommodations for missed tests and assignments. Teachers should delay testing a student diagnosed with a concussion until cleared by their provider for return to full academic activities. Teachers should consider following the procedure used for an excused absence for making up work and missed tests. Generally, principals are permitted to authorize certain testing accommodations for students who incur an injury within 30 days prior to state test administration. If problems persist beyond six months, a referral to the Section 504 Team may be considered.

Return to Physical Activities

A student will not return to physical activity (including athletics, physical education class, and recess) until they have been symptom-free for at least 24 hours, and have been evaluated and received written and signed authorization from a licensed physician. This written authorization should be sent to the school for review by the District's Medical Director, and filed in the student's permanent health record. Additionally, the District's Medical Director has the final authority to clear students to participate in or return to extraclass athletic activities.

As with cognitive rest, after a period of no physical activity for the first 24-48 hours, a student's healthcare provider may choose to clear the student to begin a graduated return to physical activities. The healthcare provider should provide clear orders on the gradual return to physical activities protocol that the District must follow.

A gradual return to physical activities typically is done by progressing a student through levels of physical activity that increase in duration and/or intensity. Gradual return to activity should occur with the introduction of new activity level every 24 hours. If any post-concussion symptoms return, the student should stop the activity and drop back to the previous level of activity. Current research suggests that some level of symptoms with activity is acceptable. Therefore, schools will need to follow provider orders on return to activities. If the District has concerns or questions about the private healthcare provider's orders, the District's Medical Director should contact that provider to discuss and clarify.

The District's Medical Director may develop a return to physical activity protocol for students with concussions whose provider does not furnish direction on limitations or needed accommodations.

(Continued)

Students

SUBJECT: CONCUSSION MANAGEMENT (Cont'd.)

The first step in returning to physical activities in school is approval by the student's healthcare provider. The school may need to contact the student's healthcare provider to obtain more detailed instructions as to the level of activity the student may participate in.

Students should not be excluded from recess, but should be supervised to ensure they don't participate in exertional activities or activities that present risk of falls, collision, or impact. When returning to physical education class, it is recommended that a gradual return to physical activities is implemented. At no time should a student suspected of or diagnosed with a concussion be assigned cognitive activities (such as reading or writing) to substitute for physical education class physical activities.

Education Law § 305(42)

8 NYCRR §§ 135.4 and 136.5

Guidelines for Concussion Management in Schools, NYSED Guidance Document, 2022

December 12, 2022