

## CONCUSSION POLICY

- I. A concussion is a mild traumatic brain injury, a disruption in normal brain function due to a blow or jolt to the head, or a trauma induced alteration in mental status that may or may not involve loss of consciousness.
- II. When the student has received a blow or jolt to the head AND
  - a. Experiences loss of consciousness OR
  - b. Acts dazed or confused OR
  - c. Displays post-traumatic amnesia OR
  - d. Shows any other signs and symptoms, such as alteration in mental state, headache, nausea, wobbly and uncoordinated, slurred or garbled speech, mentally or physically slowed, or overly emotionally or irritable.

The individual doing the initial evaluation will look for the following:

### SIGNS

- Loss of consciousness
- Confusion or disorientation
- Wobbly and uncoordinated
- Slurred or garbled speech
- Mentally or physically slowed
- Memory problems (asking the same questions over and over or forgetting)

### SYMPTOMS

- Headache
- Neck Pain
- Dizziness
- Nausea and/or vomiting
- Vision or hearing problems
- Feeling “foggy”
- Feeling tired or sleepy

### MEMORY

- Which period is it?
- What team are we playing?
- What’s the score?
- How did you get hurt?
- Focus on recent memory

## CONCUSSION POLICY

- III. If the student is an athlete, the student will not be permitted to return to play in the current game or practice. The student should not be left alone for 24 hours and should be monitored for deterioration. The parent must be notified of the injury and advised. If the coach is with the student, he/she should notify the athletic trainer as soon as he/she is able. There should be no return to play without physician clearance.
- IV. While the student is still symptomatic, he/she must avoid re-injury (organized sports, physical education classes, recess, recreational activities). He/she must also avoid physical and mental overexertion. Depending on the symptoms, school days must be shortened, no tests taken, reading assignments shortened. The best treatment is rest, relief (with medications), education, and accommodation. Resist pressures to return to play too soon.

When the student is ready to return to play, they must be symptom free at rest and after physical or mental exertion. Return to play should follow a medically supervised step-wise progression that is coordinated between the primary care physician and the School Concussion Management Team (CMT). The student's history, duration of symptoms, and other factors must be considered. (See attached Concussion Management Protocol).

In most cases, full recovery is in 7 – 10 days. Risk factors for slow or incomplete recovery are prior brain illness or injury, learning disability or a psychiatric disorder. Psychological complications such as depression, anxiety or loss of self-confidence should be considered.

- V. If the student is an athlete, the parents and the student athlete **must attend** a mandatory meeting prior to the commencement of the specific sports season that the student will be playing/involved in.

# CONCUSSION MANAGEMENT PROTOCOL

- I. The Board of Education supports the following protocol that has been established in accordance to the National Federation of State High School Associations and the International Conference on Concussion in Sport, Prague 2004.

The information contained below is to be used as guidelines that are to be implemented in the time following a concussive event. This information is not to be considered as all inclusive or all encompassing.

- II. When a student shows ANY signs or symptoms of a concussion or is suspected to have sustained a brain injury after an evaluation by competent medical personnel at the time of the incident:

1. The student will not be allowed to return to play in the current game or practice.
2. The student should not be left alone, and regular monitoring for deterioration is essential over the initial few hours following injury.

- III. Following the initial injury, the student must complete these steps:

1. Follow up with their primary care physician or Emergency Department within the first 24 hours (Doctor Visit One). The student must have the initial Physician Evaluation filled out completely, signed and dated. This completed form should be returned to the school nurse.
2. Follow-up with their primary care physician when asymptomatic (or a concussion specialist if there is a history of previous concussion or if post concussion symptoms last more than seven days) to be cleared to begin the Return to Play Protocol (Doctor Visit Two). The student must have the second Physician Evaluation filled out completely, signed and dated. This completed form should be returned to the school nurse.
3. Return to play **must follow** a medically supervised process, including clearance by a physician (Doctor Visit Three). The student **must have** the Third Doctor Visit filled out completely, signed and dated. This form should be returned.

- IV **Final clearance is at the discretion of the School Physician even if the student is cleared by another physician.**

**FRANKFORT-SCHUYLER CENTRAL SCHOOL DISTRICT  
SUPERINTENDENT'S REGULATION**

**CONCUSSION CHECKLIST**

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

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_ Location of Event: \_\_\_\_\_

**History**

Has the student ever had a concussion?      Yes      No  
(If yes, indicate date, severity and treatment received) \_\_\_\_\_

Was there loss of consciousness?      Yes      No      Unclear  
(If yes, how long?) \_\_\_\_\_

**On Site Evaluation**

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

**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/ Glassy Eyed	Yes	No	Sensitivity to Noise	Yes	No

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

Does he/she remember the injury?      Yes      No      Unclear  
Does he/she have confusion after the injury?      Yes      No      Unclear

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

Final Action Taken:      Student Released to Parents / Student Sent to Hospital – Parents Notified

Evaluator's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

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

**FRANKFORT-SCHUYLER CENTRAL SCHOOL DISTRICT  
SUPERINTENDENT'S REGULATION**

**PHYSICIAN 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 (after impact)	Yes	No	Yes	No
Retrograde Amnesia (backwards in time from impact)	Yes	No	Yes	No

\*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 sustain a concussion? (Yes or No) (one or the other must be circled)

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

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

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

**Second Doctor Visit:**

\*\*\*Student must be symptom free for 24 hours in order to begin the return to play progression.

Please check one of the following:

- Student is asymptomatic and is ready to begin the return to play progression.
- Student is still symptomatic more than seven days after injury and must be referred to a concussion specialist.

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

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

**This regulation replaces all prior versions.**

\_\_\_\_\_  
Date approved by Superintendent

\_\_\_\_\_  
Superintendent's Signature

**FRANKFORT-SCHUYLER CENTRAL SCHOOL DISTRICT  
SUPERINTENDENT'S REGULATION**

**RETURN TO PLAY PROTOCOL**

- I. The cornerstone of proper concussion management is rest until all symptoms resolve and then a graded program of exertion before return to play.
- II. The program is broken down into six steps in which only one step is covered a day.
- III. If any concussion symptoms recur, the athlete should drop back to the previous level and try to progress after 24 hours of rest.
- IV. In addition, the student should also be monitored for recurrence of symptoms due to mental exertion, such as reading, working on a computer, or taking a test.

Date	Activity	CMT Leader Initials
_____	No exertional activity until asymptomatic for 24 hours	_____
_____	Light aerobic exercise such as walking or stationary bike, etc...	_____
_____	No resistance training.	_____
_____	Sport-specific exercise such as skating, running, shooting, etc...	_____
_____	Progressive addition of resistance training may begin.	_____
_____	Non-contact training/skill drills.	_____
_____	Full contact training in practice setting (medical clearance req'd.)	_____
_____	Return to competition	_____

**Third Doctor Visit:**

(Please check one of the following)

Student is  cleared  not cleared for "Full contact training in practice setting" and "Return to competition" if symptoms do not return.

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

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

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

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

**CMT Leader Follow-up: (Please check all of the following that apply)**

- Student has successfully completed Return to Play Protocol
- Doctor #2 has been contacted and updated with this information
- Doctor #2 has verbally cleared the athlete to return to competition

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

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

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

This regulation replaces all prior versions.

\_\_\_\_\_  
Date approved by Superintendent

\_\_\_\_\_  
Superintendent's Signature