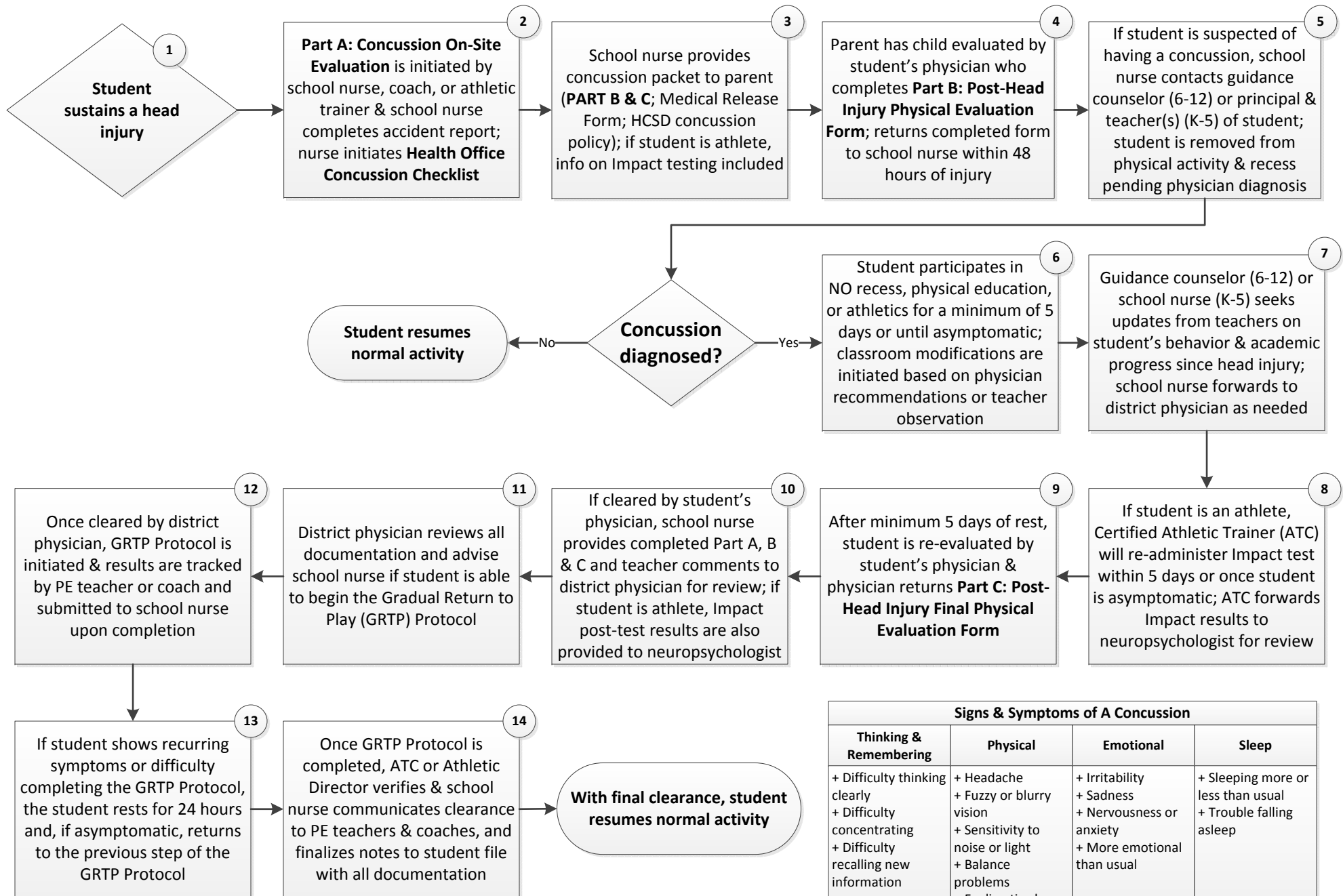


# Harrison Central School District Concussion Management Protocol



Signs & Symptoms of A Concussion			
Thinking & Remembering	Physical	Emotional	Sleep
+ Difficulty thinking clearly + Difficulty concentrating + Difficulty recalling new information	+ Headache + Fuzzy or blurry vision + Sensitivity to noise or light + Balance problems + Feeling tired	+ Irritability + Sadness + Nervousness or anxiety + More emotional than usual	+ Sleeping more or less than usual + Trouble falling asleep



# HARRISON CENTRAL SCHOOL DISTRICT

50 Union Avenue, Harrison, NY 10528

## ***Concussion Management Protocol***

### **Recognition of a Concussion**

1. Coaches/Athletic Trainer/Nurse/Teachers/Students/Parents/Guardians are responsible for knowing signs and symptoms of a concussion and **reporting to the school nurse** if they suspect that a student has sustained a concussion.
2. If the concussion is recognized on school grounds **Part A**, an initial evaluation, must be filled out. Part A can be filled out by school nurse, PE teacher, Coach, or Athletic Trainer. **Part A must be submitted to the nurse.** In addition to Part A being filled out, an accident report must be completed by the school nurse and submitted to Principal and the Director of Physical Education, Health & Athletics. The school nurse will initiate the Health Office Concussion Checklist.
3. **The school nurse provides the concussion packet to parent.** Packet will include: Permission to release information form, Part B, Part C, Harrison School District Concussion Policy and Procedures, and additional information on concussion. If the student is an athlete, information on Impact testing must be included in the packet. **Note: All components of the packet must be filled out by either parents or the primary care provider (as specified on each form), need to be returned to the nurse and forwarded onto the school physician in order for athlete to progress to Gradual Return to Play Protocol.**
4. School nurse must contact guidance counselor and/or student's teacher if student is suspected of having a concussion. A student **does not** need to be diagnosed by a physician in order for teachers to be notified of the concussion, since student needs to be **immediately** taken out of all activity and Physical Education, pending confirmed diagnosis of a concussion by the student's physician within forty-eight (48) hours of the head injury (Part B: Post Head Injury Physical Evaluation Form). Part B must be signed and then stamped by the primary care physician in order for it to be accepted by the school nurse.

### **Once a Concussion is Diagnosed**

1. Once the school nurse receives a confirmed diagnosis from the student's physician (Part B), the school nurse notifies the principal & teacher(s) (K-5) or the guidance counselor (6-12), who in turn notifies teachers, that that students may not participate in any physical activity for a minimum of five (5) days or until asymptomatic. Class modifications are initiated based on physician's recommendations or teacher observation. These modifications are coordinated by the principal (K-5) or guidance counselor (6-12).
2. If classroom accommodations are needed based on recommendations given by primary care physician, then the guidance counselor will be responsible for overseeing a student's academic program. At the elementary level, classroom accommodations will be coordinated by the school nurse and the principal, and communicated to the student's teacher(s). This will be on a case-by-case basis. Examples of restrictions may be, but are not limited to: extra time for homework and tests, school attendance limited to 2 hours per day, etc.
3. Guidance counselor (6-12) or school nurse (K-5) seeks updates from teachers on student's behavior & academic progress since head injury; school nurse forwards these notes to district physician as needed. Teachers must report any changes in behavior or classroom performance to either guidance counselor or directly to school nurse. Coordination among the nurse, guidance counselor, school psychologist, teachers, and school administrators may be necessary to monitor the management/progression of the student's classroom performance.
4. **Athletes:** If student is an athlete, the Certified Athletic Trainer will have student retake Impact test five (5) days after initial injury or once the student is asymptomatic for 24 hours.
  - a. Certified Athlete Trainer is responsible for contacting the district's neuropsychologist to review all Impact tests. Recommendations by the neuropsychologist, based on test results, will then be shared with the school nurse and the district's physician.



# HARRISON CENTRAL SCHOOL DISTRICT

50 Union Avenue, Harrison, NY 10528

## *Concussion Management Protocol*

- b. If athlete does not meet his/her baseline numbers after first post-Impact test, that athlete will not be retested for a minimum of 4 days after the first test was given.
5. **All students who have been diagnosed with a concussion will be required to rest for a minimum of five (5) days and they must be asymptomatic before they can be considered for Gradual Return to Play Protocol.**
6. Part C is a second evaluation that must be completed by primary care physician and/or medical specialist no sooner than five (5) days after initial MD evaluation date as listed on Part B. Part C must be signed and stamped by physician in order for it to be accepted by the school nurse. Part C may need to be filled out multiple times based on the duration of the student's symptoms.
7. In order for a student to be considered eligible to begin Gradual Return to Play, the school nurse must provide the district physician with the following:
  - a. A copy the completed Part A, Part B, and Part C.
  - b. Impact clearance from the neuropsychologist, if student is an athlete
  - c. Most recent follow up E-mail from guidance counselor and/or teacher.

### **Return to Play or Activity**

1. Once the nurse has obtained medical clearance by the school physician, the student may begin the Gradual Return to Play (GRTP) Protocol. Note: there is a different Return to Play form for elementary (K-5) and secondary (6-12) students.
  - a. GRTP Protocol will be conducted by either the student's Physical Education Teacher or if student is an athlete, the school's Certified Athletic Trainer.
  - b. Students must complete each day with no residual or recurring signs and symptoms of a concussion in order to progress to the next day's activities.
  - c. If the student has recurring signs and symptoms of a concussion, the student must stop all activity, and wait until he/she has been completely asymptomatic for at least 24 hours before returning to the GRTP Protocol. When students resume the GRTP Protocol, they must do so at the step immediately prior to their last attempt. For example if the student becomes symptomatic on Day 3 of the GRTP Protocol, then after 24 hours of being asymptomatic the student will start on Day 2's activity and progress from there.
2. **Progress of the student's GRTP Protocol must be recorded on the Return to Play Form and handed into the school nurse once completed.**
3. Once the GRTP Protocol has been completed and handed into the school nurse, the nurse will forward the GRTP Protocol to the Certified Athletic Trainer or Director of Physical Education, Health & Athletics for final review. The nurse will file all documentation in the student's medical file.
4. Once the final medical clearance is given to the school nurse, the school nurse will notify the student's parents, guidance counselor and/or teachers that the student has been medically cleared of his/her concussion. If the student had any restrictions, they will be lifted unless noted otherwise.

\*\*\*\*\*



# HARRISON CENTRAL SCHOOL DISTRICT

50 Union Avenue, Harrison, NY 10528

## Concussion Management Protocol

### SECONDARY LEVEL (6-12) HEALTH OFFICE CONCUSSION CHECKLIST

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Notified By: \_\_\_\_\_

PE Teacher: \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_

Date Completed:

\_\_\_\_\_ Part A is filled out and given to Nurse

\_\_\_\_\_ Incident report if injury occurred on school property

\_\_\_\_\_ Concussion packet provided to parent

\_\_\_\_\_ Remove from PE and physical activity

\_\_\_\_\_ Signed parental consent received

\_\_\_\_\_ E-mail guidance counselor and principal/AP alerting of concussion or head Injury

\_\_\_\_\_ Check medical chart for previous concussions: List Concussion Hx dates: \_\_\_\_\_

\_\_\_\_\_ Received Signed and Stamped Part B from student's physician

\_\_\_\_\_ If medical note necessary for school attendance, advise guidance counselor and principal/AP of academic modifications

\_\_\_\_\_ Completed Part C returned by physician

\_\_\_\_\_ Check with guidance counselor for academic progress note for Return to Learning

\_\_\_\_\_ E-mail School MD copy of completed Form A, Form B, Form C, and academic progress note

\_\_\_\_\_ "District Physician Evaluation" form completed by School MD & returned to nurse

\_\_\_\_\_ Notify guidance counselor and PE teacher of GRTP\*

\_\_\_\_\_ Secure final clearance that GRTP has been completed from Athletic Trainer

\_\_\_\_\_ Notify parents of completed GRTP/Clearance

\*If student has difficulty completing GRTP, district physician should be consulted

**ATHLETES ONLY: In addition to Checklist on the Left**

\_\_\_\_\_ IMPACT Testing 5 days after injury or until asymptomatic

\_\_\_\_\_ Cleared by Neuropsychologist to begin GRTP

\_\_\_\_\_ District Physician Clearance

\_\_\_\_\_ GRTP to begin after MD review



# HARRISON CENTRAL SCHOOL DISTRICT

50 Union Avenue, Harrison, NY 10528

## *Concussion Management Protocol*

### **Return to Play/Activity Progression-Secondary (6-12) Levels**

#### **Level 1:** Low levels of physical activity

- The Goal: only to increase a student's heart rate.
- The Time: 5 to 10 minutes.
- The Activities: walking at a brisk pace around the track once or the gym a few times. Check in with student; if student continues to be asymptomatic for 24 hours then advance to Level 2.

#### **Level 2:** Moderate levels of physical activity

- The Goal: limited body and head movement.
- The Time: Reduced from typical routine-Time 15-20 minutes
- The Activities: This includes jogging, brief running, stationary biking, weightlifting walk/jog moderately for 10 minutes and complete 20 jumping jacks. Check in with student to make sure he/she is symptom free. If student continues to be symptom free for 24 hours then advance to Level 3.

#### **Level 3:** Heavy Non-contact physical activity

- The Goal: more intense but non-contact
- The Time: Close to Typical Routine 30-40 minutes
- The Activities: This includes sprinting, running, high intensity biking, weightlifting.
- Check in with student to make sure he/she is symptom free. If student continues to be symptom free for 24 hours then advance to Level 4

#### **Level 4:** Non- Contact training/ skill drills /limited participation in PE

- The Goal: Sustaining elevated heart rate for a period of time.
- The Time: 20-25 minutes
- The Activities: Circuit drills: a mixture of agility, speed, and strengthening drills. Examples include: sit ups, mountain climbers, knee bends, jumping jacks, partner work. Check in with student to make sure he/she is symptom free for 24 hours then advance to Level 5

#### **Level 5:** Full-contact controlled practice/limited participation in PE

- The Goal: more intense than non-contact
- The Time: Class period
- The Activities: same as non-contact activities but must include change of planes. This can also be tailored to class curriculum so it's sport/activity specific. Check in with student to make sure he/she is symptom free for 24 hours then advance to Level 6.

#### **Level 6:** Full-contact in game play/full participation in PE

- The Goal: more intense full-contact
- The Time: Class period
- The Activities: Participation in regular activity during physical education class. Check in with student to make sure they are symptom free. If student continues to be symptom free for 24 hours then he/she should be reinstated to full participation in Physical Education class and recess.

Inform student: "If any of these symptoms are present at any time during the school day let your teacher know and go to the nurse." After the GRTP (Gradual Return to Play) is finished the Athletic Trainer or the PE teacher must send the nurse a completed Return to Play Protocol form on the student. This information will be included in the student's health folder.



# HARRISON CENTRAL SCHOOL DISTRICT

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## Concussion Management Protocol

### Return to Play/Activity Protocol Form-- Secondary (6-12) Level

Level	Exercise	Date	Completed/Comments	Teacher Name
1	<b>Low levels</b> of physical activity. This includes walking, light jogging, light biking, light weight lifting. Time:5-10 minutes			
2	Activity: <b>Moderate levels</b> of physical activity with body/head movement. This includes jogging, brief running, stationary biking, weightlifting. Time: 15-20 minutes			
3	Activity: <b>Heavy non-contact</b> physical activity. This includes sprinting, running, high intensity biking, weightlifting. Time 25-35 minutes			
4	Activity: <b>Non-Contact Skill Drills</b> such as Circuit drills. Examples include: sit ups, mountain climbers, knee bends, jumping jacks Time: 20-30 minutes			
5	Activity: <b>Full contact</b> in controlled practice-same as above but have student working with other classmates. Time: Full period			
6	<b>Full contact</b> in game play. Participation in regular activity during physical education class. Time: Full class period.			



# HARRISON CENTRAL SCHOOL DISTRICT

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## *Concussion Management Protocol*

### ELEMENTARY HEALTH OFFICE CONCUSSION CHECKLIST

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Notified By: \_\_\_\_\_

PE Teacher: \_\_\_\_\_ Classroom Teacher: \_\_\_\_\_

Date Completed: \_\_\_\_\_

\_\_\_\_\_ Part A is filled out and given to Nurse

\_\_\_\_\_ Incident report if injury occurred on school property

\_\_\_\_\_ Concussion packet provided parent

\_\_\_\_\_ Contact PE teacher to have student removed from PE and physical activity

\_\_\_\_\_ Signed parental consent received

\_\_\_\_\_ E-mail teacher and principal alerting of concussion or head injury

\_\_\_\_\_ Check medical chart for previous concussions: List Concussion Hx dates: \_\_\_\_\_

\_\_\_\_\_ Received Signed and Stamped Part B

\_\_\_\_\_ If medical note necessary for school attendance- then advise teachers principal of academic needs

\_\_\_\_\_ Completed Part C returned

\_\_\_\_\_ Check with teacher for academic progress note for Return to Learning

\_\_\_\_\_ E-mail district physician copy of completed Part A, Part B, Part C, and Academic progress note

\_\_\_\_\_ "District Physician Evaluation Form" completed by school MD & returned to school nurse

\_\_\_\_\_ Notify teachers and PE teacher of GRTP\*

\_\_\_\_\_ Secure final clearance that GRTP has been completed from Director of PE, Health & Athletics

\_\_\_\_\_ Notify parents of Final GRTP

\*If student has difficulty completing GRTP, District Physician should be consulted



# HARRISON CENTRAL SCHOOL DISTRICT

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## *Concussion Management Protocol*

### **Return to Play Progression-Elementary**

**Baseline (Step 0):** As the baseline step of the Return to Play Progression, the student needs to have completed physical and cognitive rest and not be experiencing concussion symptoms. The nurse will inform the PE teacher when the student can move off Step 0 and begin GRTP (Gradual Return to Play) into Physical Education class. HCSD policy mandates at least a five day recovery period following concussion before GRTP can begin. This three level approach is based on scheduled PE classes over the course of at least a week.

#### **Level 1: Light Aerobic Exercise**

- The Goal: only to increase a student's heart rate.
- The Time: 5 to 10 minutes.
- The Activities: walking at a brisk pace around the track once or the gym a few times. Check in with student to make sure they are symptom free. If student continues to be symptom free for 24 hours then advance to Level 2.

#### **Level 2: Moderate Exercise**

- The Goal: limited body and head movement.
- The Time: Reduced from typical routine-15-20 minutes
- The Activities: walk/jog moderately for 10 minutes and complete 20 jumping jacks. Check in with student to make sure they are symptom free. If student continues to be symptom free for 24 hours then advance to Level 3.

#### **Level 3: Non-contact Exercise**

- The Goal: more intense but non-contact
- The Time: Close to Typical Routine 30-40 minutes
- The Activities: walk/jog moderately for 10 minutes and complete 20 jumping jacks and 5 deep knee bends, 10 sit ups. Check in with student to make sure they are symptom free. If student continues to be symptom free for 24 hours then they should be reinstated to full participation in Physical Education class and recess.





# HARRISON CENTRAL SCHOOL DISTRICT

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## *Concussion Management Protocol*

### Return to Play Protocol Form-Elementary

Level	Exercise	Date	Completed/Comments	Teacher Name
1	<p>Activity: Walk at a brisk pace around the track once or the gym a few times.</p> <p>Time:5-10 minutes</p>			
2	<p>Activity: Walk/jog moderately for 10 minutes and complete 20 jumping jacks</p> <p>Time: 15-20 minutes</p>			
3	<p>Activity: Walk/jog moderately for 10 minutes, complete 20 jumping jacks, 5 deep knee bends and 10 sit ups</p> <p>Time 30-40 minutes</p>			



# HARRISON CENTRAL SCHOOL DISTRICT

50 Union Avenue, Harrison, NY 10528

## Concussion Management Protocol

### Concussion Evaluation Checklist On Site Evaluation Form

**PART A**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Activity/Sport: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Description of injury and how it occurred: \_\_\_\_\_

Was there a loss of consciousness?  Yes  No  Unclear  
Does he/she remember the injury?  Yes  No  Unclear  
Did he/she have confusion after the injury?  Yes  No  Unclear

#### **SYMPTOMS OBSERVED AT TIME OF INJURY: Please Circle**

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	Yes	No
Memory problems	Yes	No	Loss of orientation	Yes	No
Blurred vision	Yes	No	Sensitivity to light	Yes	No
Vacant stare	Yes	No	Glassy eyed	Yes	No

Other findings/comments: \_\_\_\_\_

Actions Taken:  Parents notified\*  Taken to doctor by parent\*  
 Health office notified\*  Incident Report completed\*  
 Ambulance called  Sent to hospital

\*=required actions

Person Completing this form (print name): \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

HHS Health Office Fax: (914) 630-3346  
Harrison Ave Main Office Fax: (914)835-4311  
Parsons Main Office Fax: (914)835-4657

LMK Health Office Fax: (914) 630-3324  
Purchase Main Office Fax: (914)946-0286  
S.J. Preston Main Office Fax: (914)761-7166



# HARRISON CENTRAL SCHOOL DISTRICT

50 Union Avenue, Harrison, NY 10528

## Concussion Management Protocol

### Student/Athlete Post-Head Injury – Physician Evaluation

**PART B**

**\*\*\*Per state law, if student is an athlete, evaluation must be completed and signed by an M.D.\*\*\***

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Activity/Sport: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Mechanism of Injury: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_ Time of Evaluation: \_\_\_\_\_

#### Initial Evaluation

Symptoms reported currently:

Dizziness	Yes	No	Drowsy/Sleepy	Yes	No
Headache	Yes	No	Sensitivity to light	Yes	No
Tinnitus	Yes	No	Sensitivity to noise	Yes	No
Nausea	Yes	No	Anterograde Amnesia	Yes	No
Fatigue	Yes	No	Retrograde Amnesia	Yes	No

\*Anterograde Amnesia: amnesia for events that occurred **after** a precipitating event.

\*Retrograde Amnesia: amnesia for events that occurred **before** the precipitating event.

Other signs & Symptoms observed: \_\_\_\_\_

Past medical history/Risk Factors (ex: ADD, Meds, LD, SZ, Migraines, previous concussions): \_\_\_\_\_

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

Do you believe this patient has sustained a concussion?  Yes  No

All students will be required to refrain from activity for a minimum of 5 days, and be asymptomatic for at least 24 hours at the end of this period. A **second** evaluation must occur to clear the student for activity no sooner than 5 days after the initial injury. At the second evaluation, physician or practitioner should complete PART C.

**Under no circumstances can a student/athlete who sustained a concussion participate in physical education, sports, practices or games for a minimum of 5 days following a concussive episode.**

Print Name: \_\_\_\_\_

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

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

**\*\*MD STAMP REQUIRED\*\***

**NOTE: This report will be utilized along with the ImPACT Test as well as the student's signs and symptoms, behavior and school performance in making decisions about returning to both cognitive and physical activities. Final decisions are made by the Harrison Central School District's Physician.**



# HARRISON CENTRAL SCHOOL DISTRICT

50 Union Avenue, Harrison, NY 10528

## Concussion Management Protocol

### Student/Athlete Post-Head Injury – Final Physician Evaluation

**PART C**

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Activity/Sport: \_\_\_\_\_

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

Date of Evaluation: \_\_\_\_\_ Time of Evaluation: \_\_\_\_\_

#### FINAL EVALUATION: (MUST BE COMPLETED BEFORE RETURN TO P.E./PLAY/PRACTICE/GAME)

##### Current Signs & Symptoms:

Dizziness	Yes	No	Photophobia	Yes	No
Headache	Yes	No	Blurred Vision	Yes	No
Fogginess	Yes	No	Problems concentrating	Yes	No
Nausea	Yes	No	Drowsy/Sleepy	Yes	No
Fatigue	Yes	No			

Other signs & Symptoms observed: \_\_\_\_\_

\_\_\_\_\_

Past medical history/Risk Factors (ex. ADD, Meds., LD, SZ, Migraines): \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Recommendations/limitations: \_\_\_\_\_

Is the student/athlete ready to return to participate in the **Gradual Return to Play Protocol**?  Yes  No

If no, please list next follow-up date: \_\_\_\_\_

All students will participate in the Gradual Return to Play Protocol once asymptomatic, and when approved by the Health Office and no earlier than 5 days post event.

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

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

Physician Signature: \_\_\_\_\_

**\*\*MD STAMP REQUIRED\*\***

**\*\*FINAL DETERMINATION AND RETURN TO PLAY BY SCHOOL PHYSICIAN ONLY\*\***



# HARRISON CENTRAL SCHOOL DISTRICT

50 Union Avenue, Harrison, NY 10528

## *Concussion Management Protocol*

### **Standard E-Mail to Send To Teachers When Student Diagnosed With a Concussion**

From: School Nurse  
To: Classroom Teachers  
RE: Student Name

The above student has been diagnosed with a concussion on \_\_\_\_\_. Along with being restricted from PE/Sports/Physical Activities, students with concussions can experience cognitive symptoms which can affect classroom performance. Some of these symptoms can include difficulty focusing, change in academic performance, such as scoring lower than normal for that student on tests & quizzes or not being able to “keep up” academically.

Please notify the Health Office should this student complain of not feeling well. Students with concussions can experience symptoms such as headache, nausea, difficulty concentrating, fatigue, etc.

Thank you,  
School Nurse

### **EMAIL FOR GUIDANCE COUNSELOR TO SEND TO TEACHERS WHEN STUDENT HAS BEEN MEDICALLY CLEARED TO OBTAIN FEEDBACK ON ACADEMIC PROGRESS:**

To Guidance Counselor:

Please advise if this student is receiving services (504, IEP, other). Please forward this email to the above student’s teachers to obtain feedback on student’s academic status.

#### **E-mail:**

The above student was diagnosed with a concussion on \_\_\_\_\_. Please respond ASAP to the following questions about this student’s academic status:

- 1) Have you noticed any changes in the student’s academic performance since the above date of concussion? For example, has this student’s grades dropped? Is he/she having difficulty keeping up with class work, homework, etc.?
- 2) Has this student demonstrated any change in behavior? Any other concerns?

Thank you,

Guidance Counselor



# HARRISON CENTRAL SCHOOL DISTRICT

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## *Concussion Management Protocol*

### Parental Consent to Release Medical Information

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

School:       Parsons                       S. J. Preston                       Purchase                       Harrison Avenue  
  
                     Louis M. Klein Middle School                       Harrison High School

Student's Physician/practitioner: \_\_\_\_\_

Physician/practitioner Address (street,city/town, state, zipcode):

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

To: Physician / Practitioner,

Please release any medical information on the above named patient to the school nurse in patient's respective school, and/or the district physician as requested.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*Parent Signature Denotes Permission to Share Information With Staff on a Need-To-Know-Basis.*

**Return completed Parental Consent Form to your child's school nurse.**



# HARRISON CENTRAL SCHOOL DISTRICT

50 Union Avenue, Harrison, NY 10528

## Concussion Management Protocol

### District Physician Evaluation

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Dear Parent/Guardian: “Repeated mild Traumatic brain injuries (TBIs) occurring over an extended period of time (i.e. months, years) can result in cumulative neurological and cognitive deficits. Repeated mild TBIs occurring within a short period of time (i.e. hours, days, or weeks) can be catastrophic or fatal” (cdc.gov/TraumaticBrainInjury/outcomes.html).

If indicated below, it is my recommendation that your child be evaluated by an expert in concussion evaluation and management. This is for the protection of your child and in order to make a wise determination of when it is relatively safe for him/her to return to play and how quickly he/she can resume full play in physical education and sports activities.

#### Management of Clearance to Return to Play

Student/athlete may participate in the Gradual Return to Play Protocol to resume sports/practice/games/PE when approved by the Health Office based on the following guidelines:

- a. First/Any Concussion:
  - i. Under no circumstances can a student/athlete who sustained a concussion participate in school sports/practices/games/PE for a minimum of 5 days following a concussive episode.
  - ii. Completion of Physician Evaluation Form- Part C
- b. Second or Multiple Concussion:
  - i. Completion of Physician Evaluation Form- Part C
  - ii. Will be evaluated on a **case-by-case basis** and may require more advanced testing.

First reported concussive episode: \_\_\_\_\_

Second reported concussive episode: \_\_\_\_\_

Third reported concussive episode: \_\_\_\_\_

- Cleared for full participation in sports
- Cleared for Gradual Return to Play
- Needs further evaluation

\_\_\_\_\_  
Signature of School District Physician

\_\_\_\_\_  
Date

*Scan copy of completed form to the School Health Office*



# HARRISON CENTRAL SCHOOL DISTRICT

50 Union Avenue, Harrison, NY 10528

## *Concussion Management Protocol*

### Guidelines for the Concussion Management Team

Concussion management requires a coordinated, collective effort among district personnel along with parent(s)/guardian(s) to monitor an individual student's progress. They should advocate for academic and physical accommodations as appropriate, to reduce delays in a student's ability to return to full activities. A school concussion management team can be a useful strategy to achieve these goals. At their discretion, school districts may form a concussion management team to oversee and implement the school district's concussion policies and protocols. Per the Concussion Management and Awareness Act, this team may include, but is not limited to: the medical director; school nurse(s); administration; physical education director and/ or athletic director; certified athletic trainer(s); physical education teacher(s); coaching staff; pupil personnel services staff such as school psychologists, guidance counselors, and social workers; and others as designated by the district.

Whether or not the district has a formal concussion management team, district staff in collaboration with the private medical provider, the student, and the student's family play a substantial role in assisting the student to recovery. The following section outlines the important role every member of the team contributes to ensuring students are healthy, safe, and achieving their maximum potential. The primary focus of all members should be the student's health and recovery.

Members of the team may include, but are not necessarily limited to: ☐ Student ☐ Parents/Guardians ☐ School Administration/ Pupil Personnel Services Staff ☐ Medical Director ☐ Private Medical Provider and other Specialists ☐ School Nurse ☐ Director of Physical Education and/or Athletic Director ☐ Certified athletic trainer ☐ Physical Education Teacher/Coaches ☐ Teacher

Education Law § 902 requires districts to employ a medical director who must be either a physician or nurse practitioner. In instances where a school district affiliates itself with a medical practice for its required health and welfare services, one physician or nurse practitioner within that medical practice is to be designated the medical director. Additionally Education Law § 902, allows districts to employ school nurses who are registered professional nurses (RN). If districts also choose to employ licensed practical nurses (LPN) they should be cognizant that LPNs are not independent practitioners and must work under the direction of





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## *Concussion Management Protocol*

the RN or medical director. LPNs' scope of practice does not permit them to assess or triage; therefore they cannot be the health professional assessing and triaging injured students, or assessing a student's progress in return to school activities. (See <http://www.op.nysed.gov/prof/nurse/nurse-guide-april09.pdf> pp. 36-37)

The Commissioner's regulations at 8 NYCRR §135.4(c)(4)(iii) requires districts that operate a high school to employ a director of physical education. The director of physical education shall have certification in physical education and administrative and supervisory service. Such director shall provide leadership and supervision for the class instruction, intramural activities, and interschool athletic competition in the total physical education program. Where there are extenuating circumstances, a member of the physical education staff may be designated for such responsibilities, upon approval of the Commissioner. School districts may share the services of a director of physical education according to Commissioner's Regulation 135.4.

Districts may also employ certified athletic trainers at the secondary school level. Athletic trainers employed by secondary schools must be certified athletic trainers according to 8 NYCRR §135.4(7) and must be supervised by a physician according to Education Law § 8351. <http://www.op.nysed.gov/prof/at/>



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### **School Administrator/ Pupil Personnel Services Staff (PPS)**

The school administrator and/or their designee, such as PPS staff, should insure that the district's policies on **concussion management** are followed. The administrator may choose to designate a formal **concussion management** team to oversee that district policies are enforced and protocols are implemented. Therefore, administrators should:

- Review the district's **concussion management** policy with all staff.
- Arrange for professional development sessions regarding **concussion management** for staff and/or parent meetings.
- Provide emergency communication devices for school activities.
- Provide guidance to district staff on district wide policies and protocols for emergency care and transport of students suspected of sustaining a **concussion**.
- Develop plans to meet the needs of individual students diagnosed with a **concussion** after consultation with the medical director, school nurse, or certified athletic trainer.
- Enforce district **concussion management** policies and protocols.
- Assign a staff member as a liaison to the parent/guardian. The liaison should contact the parent/guardian on a regular basis with information about their child's progress at school.
- Encourage parent/guardian to communicate to appointed district staff if their child is experiencing significant fatigue or other symptoms at the end of the day.
- Invite parent/guardian participation in determining their child's needs at school.
- Encourage parent/guardian to communicate with the private medical provider on the status of their child and their progress with return to school activity.
- Where appropriate, ask a parent/guardian to sign FERPA (Family Educational Rights and Privacy Act) release in order for district staff to provide information regarding the student's progress to the private medical provider.



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### Medical Director

The district medical director, who is a physician or nurse practitioner, plays a very important role in setting policies and procedures related to identifying students who may have sustained a **concussion**, along with post **concussion management** in school.

Therefore, the medical director should:

- Collaborate with district administration in developing **concussion management** policies and protocols.
- Assist district staff by acting as a liaison to the student's medical provider and contacting that provider as necessary to discuss or clarify orders and plan of care.
- Attend 504 and CSE meetings when requested by 504 or CSE director.
- Review all medical providers' written clearance for students to begin graduated physical activity unless the medical director chooses to delegate this to the school nurse or certified athletic trainer. If this task is delegated, the medical director should provide concise written protocols for the school nurse or certified athletic trainer to follow when accepting a private medical provider's clearance. Such protocols should specify the type of symptoms, medical history, and **concussion** severity etc. that the medical director will need to personally review. This protocol may include permitting the school nurse or certified athletic trainer to act as the medical director's delegate to inform appropriate district staff of the student's return to activity.
- Clear all students returning to extra-class athletic activities in accordance with Commissioner's regulations. This can be done at the discretion of the medical director either by reviewing a private medical provider's clearance, or personally assessing the student.
- Implement district policy on return to activities. Discuss any orders with the private medical provider as needed.
- Work with the **Concussion Management** Team to monitor the progress of individual students with protracted recovery, multiple concussions, and atypical recovery.
- Encourage school health personnel (medical director, school nurses, and certified athletic trainers) to collaborate and communicate with each other about any student who is suspected of having or is diagnosed with a **concussion**.
- Become educated in the use and interpretation of neurocognitive testing (e.g. IMPACT, Headminders, and ANAM), if such tests are utilized by the school district.
- Participate in professional development activities as needed to maintain a knowledge base and keep practice current



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### **Private Medical Providers/ Specialists**

The private medical provider is vital to all of the other Concussion Management Team members by providing orders and guidance that determine when the student is able to begin transitioning back to school and activities.

Due to the different laws that govern confidentiality of information, private medical providers and other specialists need to be aware that while they are governed by HIPAA (Health Insurance Portability and Accountability Act), districts are governed by FERPA. In order to send information to the district regarding the student the provider will need parent/guardian consent.

Likewise, a district must require a parent/guardian consent in order to release information to the provider. Further information on how these laws interact is available at <http://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf>

Therefore, the provider should:

- Provide orders regarding restrictions and monitoring for specific symptoms that the provider should be made aware of by family and/or district staff members.
- Provide the district with a graduated return to activity schedule to follow, or approve use of the district's graduated return to activity schedule if deemed appropriate.
- Readily communicate with the school nurse, certified athletic trainer, or medical director to clarify orders.
- Provide written signed orders to the district within 48 hours of giving verbal orders to the school nurse and/or certified athletic trainer.
- Provide written clearance for return to full activities (in order for a student to return to athletic activities after he or she sustained a concussion during school athletic activities, an evaluation must be completed by, written, and signed by a licensed physician to meet the requirements of the Concussion Management and Awareness Act).



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### **School Nurse**

The school nurse (RN) is often the person who communicates with the private medical provider, medical director, parent/guardian, and district staff. Often, he or she is the district staff member who collects written documentation and orders from the medical provider. The school nurse also plays an integral role in identifying a student with a potential concussion. Additionally, they assess the student's progress in returning to school activities based on private medical provider orders or district protocol. Therefore, the school nurse should:

- Perform baseline validated neurocognitive computerized tests if permitted by district policy, and credentialed in their use.
- Assess students who have suffered a significant fall or blow to the head or body for signs and symptoms of a concussion. Observe for late onset of signs and symptoms, and refer as appropriate.
- Assess the student to determine if any signs and symptoms of concussion warrant emergency transport to the nearest hospital emergency room per district policy.
- Refer parents/guardians of students believed to have sustained a concussion to their medical provider for evaluation.
- Provide parents/guardians with oral and/or written instructions (best practice is to provide both) on observing the student for concussive complications that warrant immediate emergency care.
- Assist in the implementation of the private medical provider's or other specialist's requests for accommodations.
- Use the private medical provider's or other specialist's orders to develop an emergency care plan for staff to follow.
- Monitor and assess the student's return to school activities, assessing the student's progress with each step and communicating with the private medical provider or other specialist, medical director, certified athletic trainer, parent/guardian, and appropriate district staff when necessary.
- Collaborate with the district concussion management team in creating accommodations as requested by the private medical provider or other specialist if it is determined that a 504 plan is necessary.



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- Review a private medical provider's or other specialist's written statement to clear a student to return to activities (if the district's medical director has written a policy delegating this to the school nurse). Such protocols should specify the type of symptoms, medical history, and concussion severity etc. that the medical director will need to personally review. **This protocol may include permitting the school nurse to act as the medical director's delegate to inform appropriate district staff of the student's return to activity.**
- Perform post concussion assessments or use validated neurocognitive computerized tests or other assessment tools, if credentialed or trained in their use, and provide the results to the private medical provider and/or district medical director to aid him/her in determining the student's status.
- Educate students and staff in concussion management and prevention.

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. It is available at <http://preventingconcussions.org/>.

Licensed health professionals are encouraged, but not required, to seek out further professional development on concussions.

\*Note: This is not a NYS specific training video, therefore the scope of practice of certified athletic trainers and school nurses in NYS may differ from what is described in the training. Registered professional nurses, licensed practical nurses, and certified athletic trainers practicing in NYS must follow NYS laws in regards to licensing and scope of practice.

### **Director of Physical Education and/or Athletic Director**

The director of physical education provides leadership and supervision for PE class instruction, intramural activities, and interscholastic athletic competition within a school district's total physical education program. In some districts there may be an athletic director solely in charge of the interscholastic athletic program. The director of physical education and/or the athletic director must be aware of district policies regarding concussion management. They should educate PE teachers, coaches, parents/guardians, and students about such policies. The



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director of PE and/or the athletic director often act as the liaison between district staff and coaches. Therefore, the director of PE and/or athletic director should:

- Ensure that pre-season consent forms include information from the NYSED Web site as required by the Concussion Management and Awareness Act, as well as information about the district's policies and protocols for concussion management.
- Offer educational programs to parents/guardians and student athletes that educate them about concussions.
- Inform the school nurse, certified athletic trainer, or medical director of any student who is suspected of having a concussion.
- Ensure that any student identified as potentially having a concussion is not permitted to participate in any athletic activities until written clearance is received from the district medical director.
- Ensure that game officials, coaches, PE teachers, or parent/guardian are not permitted to determine whether a student with a suspected head injury can continue to play.
- Educate coaches on the school district's policies on concussions and care of injured students during interscholastic athletics, including when to arrange for emergency medical transport.
- Ensure NYSPHAA (New York State Public High School Athletic Association), PSAL (Public School Athletic League), and other NYS athletic associations' policies are followed and enforced for interscholastic athletics.
- Support staff implementation of graduated return to athletics protocol.
- Enforce district policies on concussions including training requirements for coaches, PE teachers, and certified athletic trainers in accordance with Commissioner's Regulation 135.4.
- If the district medical director has authorized the school nurse or certified athletic trainer to review and accept a private provider's clearance, that written policy should be made readily available to the athletic director, PE teachers, and coaches.

### **Certified Athletic Trainer**

A certified athletic trainer under the supervision of a qualified physician can assist the medical director and director of PE by identifying a student with a potential concussion. The certified athletic trainer can also evaluate the student diagnosed with a concussion in their progress in



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return to athletic activities based on private medical provider orders and/or district protocol. They also play an integral role in ensuring the student athlete receives appropriate post concussion care as directed by the student's medical provider. Therefore, certified athletic trainers should:

- Oversee student athletes taking baseline validated standardized computerized tests if permitted by district policy, and credentialed in their use.
- Evaluate student athletes who may have suffered a significant fall or blow to the head or body for signs and symptoms of a concussion when present at athletic events. Observe for late onset of signs and symptoms, and refer as appropriate.
- Evaluate the student to determine if any signs and symptoms of concussion warrant emergency transport to the nearest hospital emergency room per district policy.
- Refer parents/guardians of student athletes believed to have sustained a concussion to their medical provider for evaluation.
- Provide parents/guardians with oral and/or written instructions (best practice is to provide both) on observing the student for concussive complications that warrant immediate emergency care.
- Assist in implementation of the private medical provider's or other specialists' requests for accommodations.
- Monitor the student's return to school activities, evaluating the student's progress with each step, and communicating with the private medical provider or other specialist, medical director, school nurse, parent/guardian and appropriate district staff.
- Review a private physician's written statement to clear a student for return to activities (if the district's medical director has written a policy delegating this to the certified athletic trainer). Such protocols should specify the type of symptoms, medical history, and concussion severity etc. that the medical director will need to personally review. This protocol may include permitting the school nurse or certified athletic trainer to act as the medical director's delegate to inform appropriate district staff of the student's return to activity.
- May perform post concussion observations or oversee student athletes taking validated standardized computerized tests if credentialed or trained in their use, and provide the





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results to the private medical provider and/or district medical director to aid him/her in determining the student's status.

- Educate students and staff in concussion management and prevention.

Certified athletic trainers in secondary schools must complete the Department- approved course\* for school nurses and certified 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 that has been developed by the CDC. It is available at <http://preventingconcussions.org/>.

Licensed health professionals are encouraged, but not required, to seek out further professional development on concussions.

\*Note: This is not a NYS specific training video, therefore the scope of practice of certified athletic trainers and school nurses in NYS may differ from what is described in the training. Registered professional nurses, licensed practical nurses, and certified athletic trainers practicing in NYS must follow NYS laws in regards to licensing and scope of practice.

### **Physical Education Teacher/ Coaches**

Concussions often occur during athletic activities. Coaches are typically the only district staff at all interscholastic athletic practices and competitions. It is essential that coaches and physical education (PE) teachers are familiar with possible causes of concussions along with the signs and symptoms. Coaches and physical education teachers should always put the safety of the student first. Therefore, PE teachers and coaches should:

- Remove any student who has taken a significant blow to head or body, or presents with signs and symptoms of a head injury immediately from play because the Concussion Awareness Management Act requires immediate removal of any student believed to have sustained a concussion.
- Contact the school nurse or certified athletic trainer (if available) for assistance with any student injury.
- Send any student exhibiting signs and symptoms of a more significant concussion (see page 5) to the nearest hospital emergency room via emergency medical services (EMS) or as per district policy.



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- Inform the parent/guardian of the need for evaluation by their medical provider. The coach should provide the parent/guardian with written educational materials on concussions along with the district's concussion management policy.
- Inform the PE director, certified athletic trainer, the school nurse and/or medical director of the student's potential concussion. This is necessary to ensure that the student does not engage in activities at school that may complicate the student's condition prior to having written clearance by a medical provider.
- Ensure that students diagnosed with a concussion do not participate in any athletic activities until, in conjunction with the student's physician, the PE teacher/coach has received written authorization from the medical director or their designee that the student has been cleared to participate.
- Ensure that students diagnosed with a concussion do not substitute mental activities for physical activities unless medical provider clears the student to do so (e.g. Due to the need for cognitive rest, a student should not be required to write a report if they are not permitted to participate in PE class by their medical provider).

Complete the Department-approved course for coaches and PE teachers every two 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://www.cdc.gov/concussion/HeadsUp/online\\_training.html](http://www.cdc.gov/concussion/HeadsUp/online_training.html).

District athletic personnel are encouraged, but not required, to seek out further professional development on concussions.

### **Teacher**

Teachers can assist students in their recovery from a concussion by making accommodations that minimize aggravating symptoms so that the student has sufficient cognitive rest.

Teachers should refer to district protocols and private medical provider orders in determining academic accommodations. Section 504 plans may need to be considered for some students with severe symptoms requiring an extended time frame for accommodations.

Teachers should be aware of the processing issues a student with a concussion may experience. A student who has a concussion will sometimes have short term problems with attention and concentration, speech and language, learning and memory, reasoning, planning, and problem solving.



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More information on classroom accommodations can be found at:

<http://www.upstate.edu/pmr/healthcare/programs/concussion/classroom.php>

<http://www.nationwidechildrens.org/concussions-in-the-classroom>

[http://www.cdc.gov/concussion/pdf/TBI\\_Returning\\_to\\_School-a.pdf](http://www.cdc.gov/concussion/pdf/TBI_Returning_to_School-a.pdf)

The table below provides some of the areas of difficulties along with suggested accommodations.

### Word Retrieval:

May have trouble thinking of specific words (word finding problems) or expressing the specifics of their symptoms or functional difficulties

- Allow students time to express themselves
- Ask questions about specific symptoms and problems (i.e., are you having headaches?)

### Comprehension Spoken:

- May become confused if too much information is presented at once or too quickly
- May need extra time processing information to understand what others are saying
- May have trouble following complex multi-step directions
- May take longer than expected to respond to a question

### Written:

- May read slowly
- May have trouble reading material in complex formats or with small print
- May have trouble filling out forms
- Speak slowly and clearly
- Use short sentences
- Repeat complex sentences when necessary
- Allow time for students to process and comprehend
- Provide both spoken and written instructions and directions
- Allow students extra time to read and complete forms
- Provide written material in simple formats and large print when possible
- Have someone read the items and fill out the forms for students who are having trouble
- Provide word prompts
- Use of multiple choice responses need to be distinctly different.



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Students transitioning into school after a concussion might need academic accommodations to allow for sufficient cognitive rest. These include, but are not necessarily limited to:

- Shorter school day
- Rest periods
- Extended time for tests and assignments
- Copies of notes
- Alternative assignments
- Minimizing distractions
- Permitting student to audiotape classes
- Peer note takers
- Provide assignments in writing
- Refocus student with verbal and nonverbal cues

Adapted from the Center for Disease Control and Prevention, Heads Up Facts for Physicians About Mild Traumatic Brain Injury