

Canandaigua City School District

Management of Concussion

Canandaigua City School District seeks safe return to play and return to learn procedures for all impacted students and student-athletes. Recent research in sport-related concussion has increased awareness in both the medical community and the general public. This valuable new knowledge forces us to rethink our approach to concussion recognition and management. The following recommendations are designed to meet required state mandates as well as reflect current acceptable medical standards.

These recommendations provide guidelines of concussion recognition, management, and communication of safe return to play and return to learn for district staff and other personnel. Academic assistance, medical monitoring, and counseling may be necessary during the school day for an athlete or any student with this injury. Appropriate school personnel will be contacted on a case-by-case basis.

This protocol will be reviewed annually by the District Concussion Management Team, including the school's medical provider, athletic trainer, athletic director, school nursing personnel, and an athletic coach. Other personnel may be included as needed. Any changes or modifications will be reviewed and shared with all appropriate school personnel, in writing. All coaching and school nursing staff will be issued annual training in concussion recognition and management.

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I. Recognition of Concussion

The term “ding” should not be used to describe a sport-related concussion. Use of this term diminishes the seriousness of the injury. A concussion is a type of traumatic brain injury (TBI) and is sometimes referred to as a mild TBI. Concussions are injuries to the brain that occur as the result of a fall, motor vehicle accident, or any other activity that results in an impact to the head or body.

A concussion involves a direct or an indirect blow to the head. The following are common signs and symptoms of sport-related concussion:

Common signs and symptoms of concussion:

1. Signs (observed by others) include, but are not limited to:
 - Loss of consciousness (any duration)
 - Nausea or vomiting
 - Student appears dazed or stunned
 - Confusion
 - Memory difficulties
 - Uncertainty about surroundings
 - Altered coordination
 - Problems with balance
 - Personality and/or behavior changes
 - Slow response to questions or disconnected conversation
 - Forgets events prior to, and after, the blow to the head

2. Symptoms (reported by student):
 - Headache
 - Fatigue
 - Nausea or vomiting
 - Double vision, blurry vision
 - Sensitivity to light or noise
 - Feeling sluggish
 - Feeling “foggy”
 - Problems concentrating
 - Problems remembering

These signs and symptoms are indicative of probable concussion. Other causes for any of these signs/symptoms should also be considered. The signs of a concussion may occur immediately or evolve over minutes, or even days.

II. Immediate Referral Guidelines for All Staff

1. 911 will be contacted immediately for any student with a witnessed loss of consciousness (LOC) of any duration. CPR measures should be initiated with extra caution for possible head/neck injuries.
2. If any student-athlete has symptoms of a concussion and is not stable (condition is rapidly deteriorating), the student-athlete should be asked to sit/lie and remain at rest and 911 should be contacted immediately. The medical professional, if present, should not leave the student-athlete unattended. If a medical professional is not available, the staff member should stay with student-athlete until EMS arrive.

Criteria for “Unstable” include:

- deterioration of neurological function
 - decreasing level of consciousness
 - decrease or irregularity in respirations
 - decrease or irregularity in pulse
 - unequal, dilated, or unreactive pupils
 - any signs or symptoms of associated injuries, spine or skull fracture
 - fluid (clear or blood) from the eyes, ears, nose, or mouth
 - changes in mental status: lethargy, difficulty maintaining arousal, increasing confusion, or agitation
 - seizure activity
3. A student-athlete who is thought to have sustained a concussion and is symptomatic but stable, (meaning not showing any of the “unstable” signs listed above), may be transported by his or her parents. The parents should be advised to contact the student-athlete’s health care provider, or seek care at the nearest emergency department. Parents are to be offered option of having 911 called for assistance in evaluation, even if they indicate they will transport their student-athlete.
 4. If the parents are unavailable, a responsible individual may be allowed to transport the student-athlete home, if the individual understands the home care instructions and is able to monitor the student-athlete. School personnel should continue to attempt to contact the parents. Under no circumstances should the student-athlete be allowed to leave unaccompanied. As above, the option of having 911 notified for assistance will be offered.

III. Guidelines for the Certified Athletic Trainer (ATC)

1. If on site during an athletic event, the ATC will assess the injury, or provide guidance to the coach, if unable to physically attend to the student-athlete.
 - The ATC will perform serial assessments, following recommendations in the NATA Position Statement, using *SCAT 5 (Sideline Cognitive Assessment Tool)* and *Romberg Balance Test*. Any additional testing may be conducted at the discretion of the ATC with the resources available, according to those guidelines.
 - Immediate referral to the hospital will be made when medically appropriate as outlined in Section II.

2. The ATC will notify the student-athlete's parents of the injury as soon as possible and offer the appropriate medical referral and follow up care.
 - The ATC will inform the parents that they **MUST** follow up with the student-athlete's medical provider or a concussion specialist.
 - Written and verbal home care instructions will be given to the parents by the ATC.
 - Follow up care instructions and paperwork for personal medical provider. Communication will be given to the parents by the ATC.
 - The student-athlete's medical provider must provide documentation to the District that the student-athlete is "symptom free" prior to the school nurse or ATC beginning the "Six Step Progression for Return to Play" protocol
 - The ATC will maintain communication with the parents regarding the student-athlete's status including return to play until student- athlete is approved to begin competition.
 - If the parents are unavailable, the ATC follows the guidelines in Section II-4.
 - ATC will complete appropriate school paperwork

3. The ATC or athletic coach will notify the school nurse of the injury as soon as possible. The school nurse will then initiate appropriate follow-up immediately upon the student-athlete's return to school.
 - The ATC will continue to coordinate care of the student-athlete with the school nurse.
 - The ATC will communicate with the school nurse regarding the athlete's neurocognitive and recovery status, if needed.

IV. Guidelines for Coaches

1. Any student-athlete who exhibits signs or symptoms of a concussion must be immediately removed from the activity and must not be allowed to participate that day. All coaches should be familiar with the signs and symptoms of concussion described in Section I, above.
2. If a coach suspects that the student-athlete has sustained a concussion, the student-athlete must be removed from activity until evaluated medically.
3. The student-athlete must be referred for medical evaluation with the same parameters as described in Section II, above.
4. Coaches should report all head injuries to the Athletic Director, ACT, and the school nurse as soon as possible for medical assessment, management, home instructions, and follow-up care.
5. Coaches should seek assistance from the host site ACT if at an away contest, if the District's ACT is not in attendance.
6. If the District ACT is unavailable, the coach is responsible for notifying the student-athlete's parents of the injury.
 - The coach must contact the parents, inform them of the injury, and make arrangements for the parents to pick up the student-athlete at school. The coach is to remain with the student-athlete until the parents arrive.
 - The coach must encourage the parents to follow-up with the student-athlete's medical provider. Paperwork will be given to parents by the school nurse to have the medical provider complete, for return to sports.
 - The coach must instruct the student-athlete to report directly to the school nurse the day he or she returns to school after the injury.
 - The coach must contact the ACT and provide the student-athlete's name and home phone number so follow-up can be initiated.
7. In the event that a student-athlete's parents cannot be reached and the student-athlete is able to be sent home, rather than directly to hospital:
 - The coach must insure that the student-athlete will be with a responsible individual, who is capable of monitoring the student-athlete and who understands the home care instructions, before allowing the student-athlete to go home.

- The coach or ATC will continue efforts to reach the parent.
 - If there is any question about the status of the student-athlete, or if the student-athlete is not able to be appropriately monitored, the student-athlete should be referred to the emergency department for evaluation. The coach, ATC, or a designated school employee should make every effort to accompany the student-athlete and remain with the student-athlete until parents arrive.
 - Student-athletes with suspected head injuries must not be permitted to operate a motor vehicle.
8. Coaches will fill out the Canandaigua City School District accident report form any injuries that occur. The school ATC will use the appropriate software to fill out all injury reports. The school nurse will be provided this form as soon as possible.

V. Follow-up care of the student during the school day

1. Responsibilities of the school nurse after notification of student's concussion:
- The school nurse will seek out the student upon his or her return to school.
 - The school nurse will re-evaluate the student-athlete for symptoms.
 - The student-athlete's school counselor will be immediately notified of the injury.
 - If there is suspicion that student-athlete will need academic accommodations during period of recovery or missed school, they will be indicated on the Return to Learn (RTL) process document.
 - Immediate notification will be made to the student-athlete's physical education teacher that the student-athlete is restricted from physical education activities until further notice.
 - If the school nurse receives notification of a student-athlete who has sustained a concussion from someone other than the ATC (student-athlete's parent, the student-athlete, medical provider's note), the ATC should be notified as soon as possible.
 - The level of monitoring the student-athlete will need on a regular basis during the school day will be determined by the school nurse, working with the student's medical provider.
 - The school nurse will coordinate paperwork (RTP and RTL forms) and communicate to parents and medical providers of student-athlete's paperwork and status.

2. Responsibilities of the student-athlete's school counselor

- Monitor the student-athlete closely and recommend appropriate academic accommodations to the student-athlete and to the student-athlete's teachers.
- Communicate with the school nurse on a regular basis regarding any changes made to the student-athlete's academic plan.

VI. RETURN TO PLAY (RTP) PROCEDURES AFTER CONCUSSION

1. Returning to participate on the same day of injury
 - A student-athlete who exhibits signs or symptoms of concussion of any duration, any loss of consciousness, or has abnormal cognitive testing, will not be permitted to return to play on the day of the injury. Any student-athlete who denies symptoms but has abnormal sideline cognitive testing will also be held out of activity.
 - **“When in doubt, hold them out.”**
2. Return to play after a 1st concussion:
 - The student-athlete must meet all of the following criteria in order to progress to activity:
 - a) Asymptomatic at rest and with progressive exertion (including mental exertion in school) for at least 24 hours AND:
 - b) Have written clearance from medical provider; ie, that the athlete must be cleared for progression to activity by their personal medical provider, *not* by an Emergency Room or Urgent Care provider.
 - c) Canandaigua City School District currently also utilizes IMPACT testing to assess cognitive injuries following concussions. Results of this testing may also guide in determining return to play progression and may be shared with the student-athlete’s medical provider.
3. If there is a discrepancy between the student-athlete’s medical provider’s clearance for return to play and the school’s protocol, the District’s medical provider will make the final determination on return to play.
4. Once the above criteria are met, the athlete may be progressed back to full participation under the supervision of the ATC and school nurse. The ATC will keep all pertinent parties informed regarding the status of the athlete.
5. Progression is individualized and will be determined on a case-by-case basis. Factors that may affect the rate of progression include:
 - Previous history of concussion
 - Duration and type of symptoms
 - Age of the athlete
 - Sport/activity the athlete will return to

6. All student-athletes with concussion will participate in the District's "Six Step Progression for Return to Play" protocol. There is a minimum of 24 hours rest between the steps. A school nurse will meet with and evaluate the student-athlete every day during this progressive return to play. In addition, the ACT will monitor either directly, if on site, or defer to coaching, if not, to review daily the student-athlete's progress and symptoms.

- Step 1. Symptom-Limited activity. Daily activities that do not provoke symptoms
- Step 2. Light aerobic exercise such as walking or stationary bike at a slow to medium pace. No resistance training
- Step 3. Sport specific exercise such as skating, running, etc. No head impact activities
- Step 4. Non-contact training drills. Harder training drills. May start progressive resistance training
- Step 5. Full contact practice. Following medical clearance, participation in normal training activities
- Step 6. Return to sport. Normal game play

Note: If the student-athlete experiences post-concussion symptoms during any phase, the student-athlete drops back to the previous asymptomatic level and resumes the progression after 24 hours. The student-athlete should also be monitored for recurrence of symptoms when exposed to mental exertion, such as reading, working on a computer/device, or taking tests.

7. The ATC and student-athlete will discuss appropriate activities for the day. The student-athlete will be given verbal and written instructions regarding permitted activities.
8. The student-athlete should see the ATC and school nurse daily for re-assessment and instructions until progressed to unrestricted activity, and given a written report from the ATC. The ATC will continue to monitor the student-athlete after full participation for recurrence of signs or symptoms the next few days. In the event the ATC is not present on a given day, the student-athlete must see the nurse daily and meet with the coach to review the instructions left with the coach by the ATC.

VII. RETURN TO LEARN (RTL)/NON-ATHLETE STUDENT CONCUSSIONS

In order to implement a successful Return to Learn set of procedures for students not involved in the interscholastic program, it is critical that parents and other adults make information about potential concussion available to school counselors and nurses. Without these key communications, concussed students may go unnoticed and untreated, and they could be negatively impacted in the instructional setting.

1. In the event that a student sustains a concussion and is not currently participating in an athletic season, basic evaluation and initial treatment will occur in a manner similar to that of an athletic injury. A school nurse should be immediately contacted if an injury occurs on school property, during normal school times. If a school nurse is not present, EMS shall be notified by any staff by dialing 911.
2. If the school is aware that a concussion has occurred, the student will progress through the district's Return to Learn (RTL) protocol, which is to be administered by a school nurse. The school nurse will notify the student's counselor of any potential academic accommodations needed. Physical education staff will also be notified of any needed modifications to physical education activities. If the student has been IMPACT tested for athletic participation in the past, the school may wish to retest with IMPACT following the injury. Monitoring similar to Return to Sports/physical activity monitoring will occur (see above), but may not necessarily include the ACT. School nurses will participate in the monitoring process.
3. Concussions that occur off school grounds will also need to be monitored by school staff. School nurses will need to be notified by the student's family or by the student him or herself, in order to evaluate the student upon return to school. If there are concerns or questions about the medical provider's orders, the District's medical provider, or school nurse, will contact that student's medical provider to discuss and clarify the student's current medical condition. The District medical provider or school nurse may require the student's medical provider to fill out the District's Return to Learn form, and return that form to the school nurse for follow-up care, and for the student's records.