

NORTHERN YORK COUNTY SCHOOL DISTRICT

Administrative Guidelines

Section: Programs

Title: Concussion Management

Number: 123.1-1

Effective: March 1, 2014

Revised: January 23, 2024

AG 123.1-1 Concussion Management

Pol. 123.1	<p>In accordance with Policy 123.1, the Athletic Director shall prepare, disseminate, and oversee a protocol for management of concussions and traumatic brain injuries. This protocol is detailed on the pages that follow and shall be:</p> <ol style="list-style-type: none">1. Approved by the School Board2. Reviewed with parents, student athletes and coaches3. Disseminated to parents of a student athlete impacted by a concussion or traumatic brain injury4. Reviewed annually by the Athletic Director and Athletic Trainer. Any changes to the protocol should be approved by the School Board.
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Protocol for the Management of a Concussion
Athletic Department
Northern York County School District
Updated 12/27/2023

Northern Athletic Department

Protocol for Management of Concussion

The Northern York School District's Athletic Department has developed a protocol for the staff to follow in the event of a concussion sustained by a student-athlete whether during participation in an athletic event or otherwise. This protocol has been updated to be aligned with the 6th International Conference on Concussion in Sport held October 2022.¹

As defined by the Concussion in Sports Group, "a sport-related concussion is a traumatic brain injury caused by a direct blow to the head, neck, or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise-related activities. Signs and symptoms may present immediately, or evolved over minutes or hours, and commonly resolve within days, but may be prolonged."¹

Concussions can cause further clinically significant mental health issues such as depression, anxiety, etc., throughout a person's life, as well as a possible risk of death if not treated properly. The protocol is in place so that we as an Athletic Department, student-athletes and parents are aware of the severity and consequences that can develop from second-impact syndrome, which is caused by repeated trauma to the brain in a short period of time which can result in catastrophic or fatal injuries.²

Recognition

Recognizing the signs and symptoms of a concussion is the very first step in treating the student-athlete. The list of signs and symptoms below are divided into three categories to differentiate the variety of signs/symptoms that can result from a concussion. ¹

- **Cognitive Signs/Symptoms**
 - Attention difficulties, concentration problems, memory problems, increased symptoms with mental activity, and/or orientation problems
- **Physical Signs/Symptoms**
 - Headache, dizziness, insomnia, fatigue, postural or balance problems, uneven gait, nausea, blurred vision, sensitivity to light or noise, and/or seizures.
- **Behavioral Changes**
 - Irritability, more emotional than normal, depression, anxiety, sleep disturbances, decreased emotional self-regulation, loss of initiative.

Removal

If a student-athlete is suspected of suffering a head injury, they should be immediately removed from participation. Once removed, a qualified sports medicine specialist (Athletic Trainer or Physician) will evaluate the injured athlete. The sports medicine specialist will utilize a tool called the SCAT-6, which is used to evaluate attention and memory function. ¹ If they are suspected of a concussion, they are NOT to return to participation on the same day.¹

Parents/Guardians and Coaches are NOT permitted to “diagnose” a concussion, as that is the role of an appropriate healthcare professional. However, everyone involved in athletics must be aware of the signs, symptoms, and behaviors associated with a concussion. If an athlete is suspected of a head injury, the athlete must be **immediately removed** from all physical activity and the Athletic Trainer should be notified.^{3,4} It is also the duty of the coach or parents/guardians to notify the Athletic Trainer if the student-athlete was removed from play during an away match or off campus practice.

Refer

If the student-athlete is deemed to have suffered a concussion by the Athletic Trainer or other qualified sports medicine specialist, they must be referred to a licensed physician or medicine or osteopathic medicine (MD or DO) who is comfortable with current concussion management principals.⁴ Please note that an MD or DO **MUST BE** the healthcare professional to clear the athlete, notes signed by PA’s or NP’s will not be accepted by the Athletic Trainers.⁴ Once deemed appropriate, the MD or DO will clear the athlete to return to activity. Please note that after being cleared by the physician, the student-athlete **MUST** complete the Return to Learn and Return to Play Protocol listed below before they are eligible to return to full participation.

Rehabilitation

In cases where the student-athlete has suffered from prolonged symptoms, it may be deemed beneficial or necessary for the student-athlete to be referred to a Physical Therapist who has training in Post Concussive Rehabilitation, which includes Oculomotor, Vestibular, Balance and Cognitive training.^{1,5} The Athletic Training department will also work collaboratively with the School Counseling Department for any referrals student-athletes may need for mental health counseling.

Return-to-Learn

The transition back to learning and to school is of first and foremost importance in the recovery of a concussion. The Athletic Trainers will work collaboratively with physicians, school nurses, school counselors, and other stakeholders to assist the student. While returning to learning can be done quickly with zero to minimal difficulty for many students, others may have a more challenging time due to acute symptoms severity or a prior learning disability. The following return to learn strategy was drafted during the 6th International Conference on Concussion in Sport and can be implemented after 24-48 hours of relative rest following a concussion.¹

Return-to-Learn Strategy

<i>Step</i>	Mental Activity	Activity at Each Step	Goal
1	Daily activities that do not result in more than a mild exacerbation of symptoms related to current concussion.	Typical activities during the day (ex. Reading) while minimizing screen time. Start with 5-15 min at a time and increase gradually.	Gradual Return to typical activities.
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increased tolerance to cognitive work.
3	Return to school part time	Gradual introduction of schoolwork. May need to start	Increase academic Activities.

		with a partial school day or with greater access to rest breaks during the day.	
4	Return to school full time	Gradually progress in school activities until a full day can be tolerated without more than mild symptom exacerbation.	Return to full academic activities and catch up on missed work.

Following an initial period of relative rest (24-48 hours following an injury at Step 1), athletes can begin a gradual and incremental increase in their cognitive load. Progression through the strategy for students should be slowed when there is more than a mild and brief symptoms exacerbation.

**Mild and brief exacerbation of symptoms is defined as an increase of no more than 2 points on a symptom checklist for less than an hour.*

Some student-athletes may be able to progress through the return-to-learn strategy as their symptoms subside and are able to handle increasing cognitive loads. The rate at which student-athletes progress depends on the individual and can be modified based on the individual in collaboration with previously mentioned stakeholders. Reports have shown that most student-athletes of all ages have a full return-to-learn with no academic support by 10-days.¹

Return-to-Play

The student-athlete is ready to return-to-play from a concussion when they have been cleared by a qualified physician and has completed the return to play protocol listed below. A minimum of 24-48 hours is required between each stage, is dependent on the individual. The student-athlete may not complete more than one stage within a 24-hour timeframe. The following Return-to-Sport Strategy was drafted during the 6th International Conference on Concussion in Sport and can be implemented 24 hours after following injury.

RETURN TO PLAY PROTOCOL

STEP	Exercise Strategy	Activity at each step	Goal
1	Symptom-limited activity	Daily activities that do not exacerbate symptoms (walking)	Gradual reintroduction to work/school
2	Aerobic Exercise		Increase heart rate.
	2A	May start cycling or walking at a slow-medium pace.	
	2B	May start light resistance training that does not result in more than mild/brief exacerbation of concussion symptoms	
3	Individual Sport Specific Exercise	Sport-specific training away from the team environment (ex. Running, change of direction and/or individual	Add movement, change of direction.

training drills). **No activities at risk of head impact.**

STEPS 4-6 SHOULD BEGIN AFTER THE RESOLUTION OF ANY SYMPTOMS, ABNORMALITIES IN COGNITIVE FUNCTION AND ANY OTHER CLINICAL FINDINGS RELATED TO THE CURRENT CONCUSSION, INCLUDING WITH AND AFTER PHYSICAL EXERTION.

4	Non-contact drills	Exercise to high intensity, including more challenging training drills (ex. Passing drills, multiplayer training) can integrate into a team environment.	Resume usual intensity of exercise, coordination and increased thinking.
5	Full contact practice	Participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6	Return to Sport	Normal Game Play	

STEP 1 CAN BEGIN 24-HOURS POST INJURY. IF MILD/BRIEF EXACERBATION OF SYMPTOMS OCCUR DURING STEPS 1-3, THE ATHLETE WILL STOP IMMEDIATELY AND REPEAT THE FOLLOWING DAY. IF MILD/BRIEF EXACERBATION OF SYMPTOMS OCCUR DURING STEPS 4-6, THE ATHLETE WILL STOP IMMEDIATELY AND REVERT TO STEP 3 THE FOLLOWING DAY UNTIL THEY HAVE FULL RESOLUTION OF SYMPTOMS.

***MILD AND BRIEF EXACERBATION OF SYMPTOMS IS DEFINED AS AN INCREASE OF NO MORE THAN 2 POINTS ON A SYMPTOM CHECKLIST FOR LESS THAN AN HOUR.**

PLEASE NOTE – The Return-to-Learn and Return to Play protocols happen concurrently. The athlete will not be cleared to return to play if they are not yet able to fully return to school/learning without the exacerbation of symptoms.

PLEASE NOTE – All steps of the Return to Play protocol **MUST** be completed in the presence of the Athletic Trainer.

PLEASE NOTE – If no Athletic Trainer is available on any specific day (weekends/holidays), then the athlete will continue the next step on the next available day.

PLEASE NOTE – If the athlete has suffered a concussion at the end of a sporting season, they **MUST** complete the return to play protocol before becoming eligible for their next season. The Athletic Trainer can modify Steps 4-5 to simulate practices if between athletic seasons.


¹ Courtesy of Consensus Statement on Concussion in Sport – 6th international conference on concussion in sport held in Berlin, October 2022

² Courtesy of the CDC

³ Courtesy of the National Federation of State High School Associations (NFHS) Suggested Guidelines for Management of Concussion in Sports

⁴ Courtesy of Pennsylvania Interscholastic Athletic Association (PIAA) Handbook – Section IV – PIAA Sports Medicine Guidelines

⁵ Courtesy of Drayer Physical Therapy Institute



PARENT/ATHLETE CONCUSSION FACT SHEET

A concussion is caused by a bump, blow, or jolt to the head or body in which the brain moves quickly back and forth inside the skull causing a “mild” traumatic brain injury. It is rare to lose consciousness with a concussion.

SIGNS & SYMPTOMS

In general, those who suffer from a concussion will experience symptoms immediately and they will have a quick and full recovery. However, concussions are individualized to each person and can vary widely. Symptoms may not be noticed for days and can take months to fully recover. Those who have had a concussion in the past are at higher risk for another concussion, as well as increased length of symptoms.

If any of the following symptoms are present, a concussion should be suspected. The athlete should be kept out of play the day of the injury and remain out of play until a healthcare professional clears their return to play.

COGNITIVE (THINKING/REMEMBERING): Difficulty concentrating, difficulty remembering, confusion, feeling slowed down, feeling “in a fog”

PHYSICAL: Headache, nausea or vomiting, dizziness, blurred vision, neck pain, fatigue or low energy, sensitivity to light or noise, balance problems

EMOTIONAL: Irritable, sadness, emotional instability, nervous or anxious

SLEEP: Sleeping less or more than usual, drowsiness, trouble falling asleep

DANGEROUS SIGNS

In rare cases a blood clot, active bleed, increased swelling on the brain or progressive vestibular dysfunction may develop. Athletes should seek emergency medical attention if they experience any of the symptoms below.


» Drowsy and cannot be awakened	» Worsening headache	» Inability to recognize people or places
» Weakness, numbness or decreased coordination	» Repeat vomiting or nausea	» Loss of or fluctuating level of consciousness
» Pupils becoming unequal in size	» Convulsions or seizures	» Increasing irritability, agitation, unusual behavior
» Increasing confusion, restless	» Slurred speech or inability to speak	

THINK YOUR ATHLETE HAS A CONCUSSION?

- » Remove the athlete from play immediately and seek medical attention
- » Never return to sports or recreational activities on the same day the injury occurred
- » Seek guidance from a healthcare professional experienced and trained in the evaluation and management of concussions to guide a step-based return to activities progression including work, school and play.
- » Take time to get better - The brain needs time to heal. Limit activities involving physical and cognitive exertion, such as watching TV, video games, working on computer, texting, driving a car and exercise. Such activities can cause the signs and symptoms of a concussion to worsen or prolong the healing process. These activities should be carefully managed and monitored by a health care professional.
- » Make sure that a concussion is reported. Repeat concussions in young athletes can result in more traumatic injuries involving increased swelling or permanent damage to the brain.

CONTACT YOUR ATHLETIC TRAINER TODAY IF YOU ARE EXPERIENCING ANY OF THESE SIGNS & SYMPTOMS.

IMMEDIATE ACCESS TO CARE IS CRUCIAL FOR A FULL RECOVERY AND RETURN TO SPORT.



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A FACT SHEET FOR Athletes



This sheet has information to help you protect yourself from concussion or other serious brain injury and know what to do if a concussion occurs.

WHAT IS A CONCUSSION?

A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

What Should I Do If I Think I Have a Concussion?



Report It. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. It's up to you to report your symptoms. Your coach and team are relying on you. Plus, you won't play your best if you are not feeling well.

Get Checked Out. If you think you have a concussion, do not return to play on the day of the injury. Only a healthcare provider can tell whether you have a concussion and when it is OK to return to school and play. The sooner you get checked out, the sooner you may be able to safely return to play.



Give Your Brain Time to Heal. A concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.

Why Should I Tell My Coach and Parent About My Symptoms?



- Playing or practicing with a concussion is dangerous and can lead to a longer recovery.
- While your brain is still healing, you are much more likely to have another concussion. This can put you at risk for a more serious injury to your brain and can even be fatal.

GOOD TEAMMATES KNOW:
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.



cdc.gov/HEADSUP