



# Concussion Management Plan

## Protocols, Guidelines, and Procedures

### Purpose

To comply with the New York State Assembly's *Concussion Management and Awareness Act*:

- Directs the commissioners of education and health to adopt and implement rules and regulations for the treatment and monitoring of students with mild traumatic brain injuries (TBIs) otherwise known as Concussions
- Requires school personnel to receive training regarding Concussions
- Such rules and regulations shall apply to school districts and boards of cooperative educational services
- Requires provisions of information pamphlet on Concussions to parents of pupils participating in interscholastic sports or who have suffered a Concussion
- Requires written consent of and acknowledgment of receipt of such pamphlet by parents prior to participation in interscholastic sports
- Provides for establishment of concussion management teams to implement such provisions

### Concussions Defined

A concussion is an injury to the brain which can be caused by a single incidence of trauma or repetitive blows to the head. The disturbance in brain function can be a result of direct or indirect force to the head.

The concussions themselves cannot be seen by the eye. However a concussion should be suspected with the presence of Symptoms, Physical signs, impaired brain function, or abnormal behavior. The Signs & Symptoms of a concussion may occur immediately or may take time, days or weeks, to appear.

**If a student displays signs or symptoms synonymous of a concussion, they should be REMOVED FROM PLAY, seek immediate medical attention, and be monitored for changes in signs & symptoms.**

### Common Signs & Symptoms of a Concussion

Attention Disorders	Headache	Personality Changes
Blurred Vision	Inappropriate Emotion	Poor Balance
Change in Sleep Pattern	Irritability	Ringing in the Ears
Difficulty Concentrating	Loss of Consciousness	Sadness
Dizziness	Loss of Orientation	Seeing Stars
Fatigue	Memory Problems	Sensitivity to noise
Feeling "Foggy" or "Slow"	Nausea	Vacant Stare
Glassy Eyes	Nervousness	Vomiting



## **Administrative Protocol:**

- The Rye Neck UFSD requires all Student Athletes and a Parent/Guardian to sign a statement agreeing to or declining to receive baseline testing using the ImPACT Concussion Program.
- The Rye Neck UFSD Coaching Staff will take part in Concussion Education in addition to their yearly coaching requirements. They will view a video on concussions as well as take part in the Center of Disease Control's *HeadsUp* Online Education. The coaches must read and sign the Coaches Acknowledgement Statement, in which they have read and understand the concussion management protocol and that they accept the responsibility of referring any athlete suspected of sustaining a concussion to the athletic training staff. As well as be responsible for contacting the parents in the event of an injury.
- The Concussion Management Team (CMT) will consist of the Athletic Director, Athletic Coordinators, School Nurse, Certified Athletic Trainer, Guidance Counselors, Certified Impact Reader, and School Physician. The CMTs job will be to coordinate the distribution, signing, and collection of all necessary documentation. All signed documents will be kept on file for the current academic school year. The District's CMT shall also be responsible for making available, and coordinating, training for administrators, teachers, coaches, and parents.
- Concussion training shall include: signs and symptoms of concussions, post concussion and second impact syndromes, return to play and school protocols, and available area resources for concussion management and treatment.
- The Rye Neck UFSD physician will have the final approval of all student-athletes Return to Play (RTP)

## **Baseline Assessment:**

Student-athletes entering the 7<sup>th</sup> grade and newcomers to the district will undergo a neurocognitive computer based test for concussion baseline testing. Baseline Testing will be performed using Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT). These athletes will take part in the ImPACT Baseline Test prior to participation in their sporting event. In addition to the new comers and 7<sup>th</sup> graders taking the baseline test, those student-athletes who have taken a baseline test previously, will be recommended to be re-tested in grades 9 and 11 due to the physical and neurological development teenagers experience at this age.

## **District Procedure:**

- Any positive signs and symptoms, the student-athlete is held out of competition and practice.
- No student-athlete will be allowed to return-to-play (RTP) on the same day they show signs or symptoms of a concussion, regardless if signs and symptoms return to normal.
- A student-athlete who is suspected of a concussion must be evaluated by an allied health care professional and must show written documentation of the evaluation before starting the district's RTP protocol.
- A student-athlete will only RTP after they complete the seven stages of the district RTP protocol supervised by the Certified Athletic Trainer.
- All student-athletes in contact sports will be recommended to have a baseline test prior to the start of their sport season.
- Per New York State Law, the Rye Neck UFSD Physician will have the final approval of all student-athletes RTP status



## Concussion Management Procedure:

- On-Field Evaluation

- Signs and Symptoms (S/S's) Assessment (Noticed and recorded by coach) (Appendix A)
- Neurological Exam (Performed by Certified Athletic Trainer (ATC))
- Mental Status Testing (Performed by ATC)
- Note any S/S's requiring 'day of' referral to doctor (Appendix B)
- Note any S/S's requiring immediate medical care (Appendix B)

Any positive signs and symptoms, the athlete will be held out of competition and/or practice.

***No student-athlete shall be allowed to RTP on the same day they display signs or symptoms of a concussion, regardless if the signs and symptoms subside.***

Monitor athlete's status every five (5) minutes, until athlete's condition stabilizes and improves.

Contact parents about child's condition. (Performed by Coach)

- Follow-up Evaluation

- Within 24-72 hours post injury
  - ImPACT test within 24-72 hours
    - Send Injury Report and Baseline Test to certified ImPACT Reader
    - ATC follows up with certified ImPACT Reader
  - Re-eval of S/S
- Rest Until Asymptomatic
- Once symptom free for 24 hours, student-athlete can start RTP protocol



## **Physical Education Return to Activity Protocol**

Stage 1 – Receive Clearance from Primary Care Physician (asymptomatic)

- Student must be asymptomatic for at least 24 hours prior to returning to activities
- Any return/lingering of S/S's, after scheduled return date, contact MD

Stage 2 – Light Aerobic Exercise

- 15 Minutes of PE Specific Skills
- Any return in S/S's stop participation
  - In the event of symptoms, revert back to stage 1
- If asymptomatic for 24 hours, proceed to Stage 3

Stage 3 – Moderate Aerobic Exercise

- ½ Class PE Specific Skills
- Any return in S/S's stop participation
  - Wait 24 hours and start Stage 3 again

Stage 4 – Non-Contact Exercises

- Full Class of PE Specific Skills
  - i.e. increased running intensity, skills development
- Any return in S/S's stop participation
  - Wait 24 hours and start Stage 4 again

Stage 5 – Non-Contact PE Activities

- Participation in all Non-Contact PE Activities
- Any return in S/S's stop participation
  - Wait 24 hours and start Stage 5 again

Stage 6 – Full Contact PE Activities

- Any return in S/S's stop participation
  - Wait 24 hours and start Stage 6 again

Stage 7 – Cleared for Return to Full PE



## **Interscholastic Athletics Return to Play Protocol**

### Stage 1 – rest until symptom-free (asymptomatic)

- Once the student-athlete is symptom-free for a full 24 hour period perform Post Injury ImPACT Test
- Consult Certified ImPACT Reader for RTP to contact with ImPACT Test or primary care physician
- If ImPACT Test is at or near baseline (w/in safe limitations) and athlete is asymptomatic for 24 hours proceed to Stage 2

### Stage 2 – fast walking/stationary bike 15-20 minutes under supervision

- Any S/S's stop for the day and start Stage 2 over again after symptoms are gone for 24 hours
- If symptomatic post exertion within 24 hours, rest until asymptomatic and start Stage 2 over again
- When asymptomatic for 24 hours after clean completion of Stage 2, proceed to Stage 3

### Stage 3 – jogging/running 20 minutes

- Any return in S/S's stop
- If symptomatic post exertion within 24 hours, rest until asymptomatic and start Stage 3 over again
- If asymptomatic for 24 hours proceed to Stage 4

### Stage 4 – Non-Contact Sports Drills for 30-45 minutes

- Any return in S/S's stop
- If asymptomatic for 24 hours proceed to Stage 5

### Stage 5 - Full Participation in practice without contact

- Any return in S/S's stop
- When asymptomatic for 24 hours proceed to Stage 6
- If symptomatic post exertion within 24 hours, rest until asymptomatic start again with Stage 5

### Stage 6 - Full Practice No Restrictions

- Any return in S/S's stop
- When asymptomatic for 24 hours proceed to Stage 7
- If symptomatic post exertion within 24 hours, rest until asymptomatic start again with Stage 6

### Stage 7 - Cleared for RTP No Restrictions for Competition by Neuropsychologist and/or primary care physician and AT



## Appendix A

### Referral Checklist

#### **Immediate Referral to ER by EMS**

1. Deterioration of neurological function (feeling, sensation, limb movement)
2. Decreasing level of consciousness
3. Decrease or irregularity in respirations
4. Decrease or irregularity in pulse
5. Unequal, dilated, or un-reactive pupils
6. Any signs or symptoms of associated injuries (spine or skull fracture or bleeding)
7. Mental status changes, confusion, or agitation
8. Seizure Activity

#### **Day of Injury Referral**

1. Loss of consciousness on the field
2. Amnesia (lasting longer than 15 minutes)
3. Increase in blood pressure
4. Cranial Nerve deficits
5. Vomiting
6. Motor deficits subsequent to initial on-field assessment
7. Sensory deficits subsequent to initial on-field assessment
8. Cranial nerve deficits subsequent to initial on-field assessment
9. Post-concussion symptoms that worsen
10. Additional post-concussion symptoms as compared with those on the field
11. Athlete is still symptomatic at the end of the game

#### **Next Day Referral**

1. Any of the findings in the day of injury category
2. Post-concussion symptoms worsen or do not improve over time
3. Increase in the number of post-concussion symptoms reported
4. Post-concussion symptoms interfere with daily activities (i.e. sleep, cognitive difficulties)



Student: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Concussion Home Instructions

It is the belief of the Rye Neck Athletic Department that your child may have sustained a Concussion while participating in his/her sport. At times, the signs and symptoms of a concussion do not occur for several hours after the initial injury takes place. Please be observant for the following signs and symptoms:

1. Headache (especially for *increasing intensity*\*)
2. Nausea and *vomiting*\*
3. Differing pupil sizes from right to left eye, dilated
4. Mental confusion/behavior changes
5. Dizziness
6. Memory Loss
7. Ringing in the ears
8. Changes in gait (walking) or balance
9. *Blurred or double vision*\*
10. *Slurred Speech*\*
11. *Noticeable changes in level of consciousness (difficulty awakening, or losing consciousness suddenly)*\*
12. *Seizure Activity*\*
13. *Decreased or irregular pulse or respiration*\*
14. Sensitivity to light or noise

\*An asterisk denotes a possible medical emergency. Please seek the nearest emergency medical attention\*

### Concussion recommendations:

1. Your son/daughter must be evaluated by a physician.
2. Have your son/daughter report to the Athletic Trainer the next day they are in school for a follow-up examination.
3. Please review the information below and on the accompanying hand outs. If symptoms worsen, or new ones arise, please contact your child's physician or seek the closest emergency medical system.
4. Follow the instructions outlined below if your physician has not given you other directions:

<b>It is ok to:</b>	<b>There is NO need to:</b>	<b>Do NOT:</b>
<ul style="list-style-type: none"> <li>● Use acetaminophen (Tylenol) for headaches as directed on the bottle</li> <li>● Use ice packs on head and neck as needed for comfort</li> <li>● Eat a light diet</li> <li>● Go to sleep</li> <li>● Rest (no strenuous activity)</li> </ul>	<ul style="list-style-type: none"> <li>● Check eyes with a flashlight</li> <li>● Wake up every hour</li> <li>● Test reflexes</li> <li>● Stay in bed</li> </ul>	<ul style="list-style-type: none"> <li>● Drink alcohol</li> <li>● Drive while symptomatic</li> <li>● Exercise or lift weights</li> <li>● Play video games/watch excessive TV/excessive computer usage</li> <li>● Take ibuprofen, aspirin, naproxen, or another non-steroidal anti-inflammatory medications</li> </ul>



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## Rye Neck UFSD Concussion Fact Sheet

*WRITTEN CLEARANCE FROM YOUR PHYSICIAN IS REQUIRED FOR RETURN TO PARTICIPATION IN ATHLETICS OR P.E.*

### Concussions Defined

A concussion is an injury to the brain which can be caused by a single incidence of trauma or repetitive blows to the head. Concussions can range from mild to severe and disrupt the way your brain performs. They can occur even if you have not been “Knocked Out.”

The physical concussions cannot be seen. Signs & Symptoms of a concussion can occur immediately or may take time, days or weeks, to appear. **If you have any signs or symptoms of a concussion, seek medical attention immediately.**

### Risks of Concussions

Athletes who return to sports too early are at greater risk of suffering from another concussion or suffering Second Impact Syndrome. Second Impact Syndrome can lead to permanent brain damage or even death. After the initial, the athlete is at an increased risk/susceptibility of receiving secondary concussions.

### Common Signs & Symptoms of Concussions

- Blurred Vision
- Change in Sleep – Excess/Lack
- Dizziness
- Easily distracted
- Fatigue
- Feel “Foggy”
- Feel “Slow”
- Glassy Eyes
- Headache
- Inappropriate Emotion
- Irritability
- Lack of Concentration
- Loss of Consciousness

### Care of Head Injury

- Follow Physician’s Directions
- **DO NOT** Return to Play Until Cleared (\*\*Includes Recreational\*\*)
- Rest (Limit Both Physical & Mental Activity)
- Be Honest About Symptoms
- Use Acetaminophen (Tylenol) for Pain (\*\*Check With Health Care Professional\*\*)

### Return to Play

- ✓ Resolution of **ALL** Symptoms
- ✓ Cleared by Doctor
- ✓ Completed R.T.P. Protocol and Test (Performed by School ATC)
- ✓ Received Clearance from ATC and Nurse to Return



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