

Board of Education Policy

CONCUSSION MANAGEMENT

The Board of Education of the Miller Place School District recognizes that concussions and head injuries are a commonly reported injury in children and adolescents who participate in sports and recreational activities. Therefore, the District adopts the following policy and guidelines to assist in the proper evaluation and management of head injuries.

A concussion is a mild traumatic brain injury. Concussions occur when normal brain functioning is disrupted by a force transmitted to the head from an impact or blow occurring anywhere on the body. Recovery from a concussion will vary depending on a variety of factors, including the severity of the concussion and the age and gender of the inflicted individual. Avoiding re-injury and over-exertion until fully recovered are the cornerstones of proper concussion management.

Students should be encouraged to communicate any symptoms promptly to school staff and/or parents/guardians, since a concussion is primarily diagnosed by reported and/or observed signs and symptoms. Any student reporting or demonstrating signs, symptoms or behaviors consistent with a mild traumatic brain injury (concussion) while participating in a school-sponsored class, extracurricular activity or interscholastic athletic activity shall be immediately removed from the game or activity and be evaluated as soon as possible by an appropriate health care professional. The District should notify the student's parents or guardians and recommend appropriate monitoring to those parents or guardians. Any student who has reported or demonstrated symptoms of a concussion shall not resume athletic activity until the student has been symptom free at rest for not less than twenty-four (24) hours, and has been evaluated by and received written and signed authorization from a licensed physician; and for extra class athletic activities (those sessions organized for instruction and practice in skills, behaviors and knowledge through participation in individual, group and team activities organized on an intramural, extramural or interschool athletic basis to supplement regular physical education class instruction), has received clearance from the District's medical director to participate in such activity.

Any student who continues to have signs or symptoms upon return to activity must be immediately removed from play and reevaluated by a licensed physician. As for extra class athletic activities, any student continuing to have signs or symptoms upon return to activity must again receive clearance from the District's medical director before returning to such activity.

Education

All administrators, teachers, coaches, school nurses, athletic trainers and guidance counselors must complete a New York State Education Department approved course, on a biennial basis, relating to recognizing the symptoms of mild traumatic brain injuries and monitoring and seeking proper medical treatment for pupils who suffer mild traumatic brain injuries. Education of parents should be accomplished through preseason meetings for sports and or information sheets provided to parents/guardians and posted on the school website. Such education should include, but not be limited to: (i) the definition of a mild traumatic brain injury (concussion); (ii) signs and symptoms of mild traumatic brain injuries; (iii) how mild traumatic brain injuries may occur; and (iv) department guidelines for return to school and school activities of a pupil who has suffered a mild traumatic brain injury, regardless of whether such injury occurred outside of school.

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Concussion Management Team

The District will assemble a concussion management team (CMT). The CMT will consist of the Athletic Director, a school nurse, a guidance counselor, athletic trainer and/ or the school physician. The District's CMT should coordinate training for all administrators, teachers, coaches and parents. Training will be mandatory for all District coaches every two years. In addition, information related to concussions should also be included in parent meetings and/or in information provided to parents at the beginning of the sports season. Parents need to be aware of the school district's policy and how these injuries will be managed by school officials.

Training should 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. Particular emphasis should be placed on the fact that no athlete will be allowed to return to play the day of the injury and also that all athletes will obtain appropriate medical clearance prior to returning to play or school regardless of whether such injury occurred outside of school.

The CMT will act as a liaison for any student returning to school/or play following a concussion. The CMT will review and/or design an appropriate plan for the student while the student is recovering.

Concussion Management Protocol

Diagnosis and Clearance

In accordance with the Concussion Management and Awareness Act, the New York Education Law and the Commissioner's Regulations, students who are injured during school athletic activities must be diagnosed by a physician and may be cleared to return to school activities by a physician. Students injured during non-athletic school activities or outside of school may be diagnosed by a physician, nurse practitioner, or physician assistant and may be cleared to return to school activities by a physician, nurse practitioner or physician assistant. If the District has concerns or questions about a student's licensed physician's orders, the District's medical director will contact the student's physician to discuss and clarify

Non-Athletic Concussions

Should there be a concussion diagnosis due to an incident outside of MPSD, there are expectations for each individual student regarding their return to school and subsequent academic accommodations. Adjustments to an individual student's educational plan/process must be documented with both the specific date of concussion diagnosis and cause of injury. Additionally, if there are modifications to their academic process necessary, those must be specifically named by the examining physician. Follow-up documentation and review is required every 30 days to maintain accommodations. Clearance may be provided by the physician/specialist of choice who specializes in concussion treatment, or the District may require clearance through the District's medical director.

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Return to Athletic Participation (Return to Play)

The District shall require the immediate removal from athletic activities of any pupil who has sustained, or who is believed to have sustained, a mild traumatic brain injury (concussion). In the event that there is any doubt as to whether a pupil has sustained a mild traumatic brain injury (concussion), it shall be presumed that the pupil has been so injured until proven otherwise. Return to athletic participation following a concussion involves a stepwise progression once the individual is symptom free. There are many risks to premature return to play including: a greater risk for second concussion because of a lower concussion threshold, second impact syndrome (abnormal brain blood flow that can result in death), exacerbation of any current symptoms, and possibly increased risk for additional injury due to alteration in balance. Accordingly, no such pupil shall resume athletic activity until the pupil has been symptom free at rest for not less than twenty-four (24) hours, and has been evaluated by and received written and signed authorization from a licensed physician; and for extra class athletic activities, has received clearance from the District's medical director to participate in such activity. If the District has concerns or questions about a student's licensed physician's orders, the District's medical director will contact the student's physician to discuss and clarify. Such authorization and clearance shall be kept on file in the student's permanent health record. Once a student is symptom free at rest for at least twenty-four (24) hours and has a signed release by the medical director, she/he may begin the return to play progression below (provided there are no other mitigating circumstances).

Once the student athlete is symptom free at rest for twenty-four (24) hours, and has been cleared by the District's medical director, she/he may begin the return to play progression below (provided there are no other mitigating circumstances):

Stage 1: Symptom-limited activity (daily activities that do not exacerbate symptoms (e.g., walking))

Stage 2: Light Aerobic Exercise (examples are walking at slow to medium pace, stationary cycling)

Stage 3: Sport Specific Activities (Light running or throwing. No body contact or jarring motions)

Stage 4: Begin Drills without body contact (e.g., passing drills, multiplayer training)

Stage 5: Begin drills with body contact (participate in normal training activities)

Stage 6: Game play

Students should be monitored by district staff daily following each progressive challenge, physical or cognitive, for any return of signs and symptoms of concussion. Staff members should report any observed return of signs and symptoms to the school nurse, certified athletic trainer, or administration. A student should only move to the next level of activity if they remain symptom free at the current level. Return to activity should occur with the introduction of one new activity every twenty-four (24) hours. If any post-concussion symptoms return, the student should drop back to the previous level of activity, then re-attempt the new activity after another twenty-four (24) hours have passed. A more gradual progression should be considered based on individual circumstances and a private medical provider's or other specialist's orders and recommendations. *Athletes may be required to complete more than one day at each step. Athletes will proceed through full rehabilitation protocol once they*

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are asymptomatic at rest and with provocative exercise. If the athlete remains asymptomatic throughout all levels of testing, he/she may return to play with physician clearance. Return to play testing requirements may vary based on the sport or activity.

Return to Academic Activities

The District will implement a plan for gradual return to academic activities for any student diagnosed with a concussion. Each plan will depend on the individual needs of the student with a concussion. Students with concussion may become fatigued easily and may need time to rest in school. Initially, a student with a concussion may only be able to attend school for a few hours a day and/or need rest periods during the day. Generally, after an initial period of rest for 24-48 hours, students with concussion may resume daily activities on a gradual basis.

The District will maintain ongoing communication with students' parents/guardians and include parents/guardians in planning for gradual return to activities. The District will also follow the guidance and orders of the student's healthcare provider.

¹ School District CMT's can utilize the NYSPHSAA website as well as www.keepyourheadinthegame.org for information related to the signs and symptoms of concussions and the appropriate return to play protocols. Support materials including an approved *Concussion Management Checklist* is available on the NYSPHSAA website at www.nysphsaa.org/.

References The Concussion Management and Awareness Act, Chapter 496 of the Laws of 2011 N.Y. Education Law §§ 305(42) and 1709(8-a)
8 NYCRR 136.5
NYSED, Guidelines for Concussion Management in Schools (2023), <https://www.p12.nysed.gov/sss/documents/concussion-management-guidelines.pdf>

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