

CONCUSSION POLICY

The Patchogue-Medford School District Concussion Policy has been carefully prepared to achieve the highest possible responsible management of this type of injury. It must be noted any policy is only as good as the degree to which all parties succeed in meeting their related responsibilities. Specifically, students, including student-athletes, must accurately report an injury that occurs either in school or away from school and related symptoms to parents, teachers or coaches. Parents must appropriately report injuries to school officials and supervise post-traumatic recovery.

Concussion, a type of mild traumatic brain injury, has been defined by the Committee of Head Injury Nomenclature of the Congress of Neurological Surgeons as “a clinical syndrome characterized by immediate and transient post-traumatic impairment of neural functions, such as alteration of consciousness, disturbance of vision, equilibrium, etc., due to brain stem involvement.” The New York State Education Department has described concussions as “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” and “a reaction by the brain to a jolt or force that can be transmitted to the head by an impact or blow occurring anywhere on the body.”

The District is committed to implementing strategies that reduce the risk of head injuries in the school setting and during District-sponsored events. Such strategies may include:

1. Require district staff to learn and follow district emergency protocols and procedures for any student reporting signs and symptoms of injury or illness
2. Evaluate the physical design of district facilities and their emergency safety plans to identify potential risks for falls and other injuries.
3. Provide adequate supervision of activities, including recess, at all times.
4. Periodic inspections of playground equipment and play surfaces to assure that they are in good repair.
5. Emphasize safety practices and proper use of equipment, rules of play, and good sportsmanship prior to and during activities in physical education classes, intramurals, and interscholastic athletics.
6. Students who participate should be encouraged by coaches and teachers to avoid initiating contact with another player with their head or contact with the head of another player.
7. Players should be proactively instructed on sport-specific safe body alignment and be encouraged to be aware of what is going on around them.
8. When deliberate rule violations take place, appropriate penalties should be enforced.
9. Provide information on concussions or how to obtain information from the New York State Education Department or Department of Health websites with consent forms for participation in interscholastic athletics.
10. Make students aware of the importance of reporting any symptoms of concussion to their parent/guardian and/or appropriate district staff.

Concussion Policy (Continued)

11. Report all inadequacies in the application of this policy to district administration immediately.

All school coaches (including teachers with coaching qualifications and experience, those with temporary coaching licenses or professional coaching certificates), physical education teachers, nurses and certified athletic trainers who work with and/or provide instruction to students engaged in school-sponsored activities must complete, on a biennial basis, a course of instruction relating to recognizing the symptoms of concussions and monitoring and seeking proper medical treatment for students who suffer concussions. The course of instruction will include, but not be limited to: the definition of a mild traumatic brain injury or “concussion”; signs and symptoms of concussions; how such injuries may occur; preventative practices; the guidelines for return to school and school activities after a student has suffered a concussion regardless of whether the injury occurred outside of school.

The District will include on its website information related to concussions, including the definition of a mild traumatic brain injury or “concussion”; signs and symptoms of concussions; how such injuries may occur; preventative practices; the guidelines for return to school and school activities after a student has suffered a concussion regardless of whether the injury occurred outside of school. Such information will also be included in any permission form or parental consent form which may be required for a student’s participation in interscholastic athletics.

CONCUSSION MANAGEMENT TEAM

The District will assemble a Concussion Management Team (CMT). The CMT will consist of the school physician, Athletic Director, certified athletic trainer, and school nurse. The District’s CMT should coordinate training for all administrators, physical education teachers, coaches and parents. Training should be mandatory for all coaches, assistant coaches and volunteer coaches that work with these student athletes regularly. In addition, information related to concussions should also be included at parent meetings or in information provided to parents at the beginning of sports seasons. Parents need to be aware of the school district’s policy and how these injuries will ultimately 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 injury and also that all athletes should obtain appropriate medical clearance prior to returning to play or school. The CMT will act as a liaison for any student returning to school and/or play following a concussion. The CMT will review and/or design an appropriate plan for the student while the student is recovering.

REMOVAL FROM ACTIVITIES

Any student demonstrating signs, symptoms or behaviors consistent with a concussion while participating in a school-sponsored class, extracurricular activity, or interscholastic athletic activity shall be removed from the game or activity and evaluated as soon as possible by an

Concussion Policy (Continued)

appropriate health care professional. In the event that there is any doubt as to whether the student has sustained a concussion, it shall be presumed that the student has been so injured until proven otherwise. The District should notify the student's parents or guardians and recommend appropriate monitoring to parents or guardians. The student should not return to school until released by an appropriate health care professional. The student shall not return athletic activity until the student has been symptom-free for at least twenty-four (24) hours and has been evaluated by and received written and signed authorization from a licensed physician and, in the case of extra-class athletic activities, has received clearance from the District's school physician to participate in such activity. Such authorization will be kept on file in the student's permanent health record. The school physician will make the final decision on return to activity, including physical education class and extra-class athletic activities. Any student who continues to have signs or symptoms upon return to activity must be removed from play and reevaluated by their health care provider, as well as reevaluated by the school physician.

Where a student has sustained a concussion, the school will follow any directives issued by the student's treating physician with regard to limitations and restrictions on school attendance and activities for the student.

Proper grading of the severity of the injury is necessary to establish a protocol for deciding when to allow a student to return to the athletic activities. This approach to concussions will minimize the risk of further complications.

A method of grading the severity of concussion has been suggested by the American College of Sports Medicine based on the degree of post-traumatic amnesia and the length of time the student is unconscious.

GRADING THE SEVERITY OF CEREBRAL CONCUSSION

In all cases, parents should have their child examined by their family physician in addition to the school physician.

<u>Symptom</u>	<u>GRADE I</u> (mild)	<u>GRADE II</u> (moderate)	<u>GRADE III</u> (severe)
Post-Traumatic Amnesia	up to 30 minutes	between 30 minutes and 24 hours	24 hours or more
Loss of Consciousness	None	up to 5 minutes	5 minutes or more

When a student has sustained a head injury the following procedure will be followed:

Concussion Policy (Continued)**GRADE 1 CONCUSSION**

- A. Students will be removed from the athletic activities and observed until an evaluation can be completed by a medical provider. No student shall resume athletic activity until he or she has been symptom-free for at least twenty-four (24) hours and has been evaluated by and received written and signed authorization from a licensed physician, and, in the case of extra-class athletic activities, has received clearance from the District's school physician to participate in such activity.
- B. If the injured student has any continuing symptoms or compromise of neurological function following the student's first concussion during the season, the student may resume participating in athletic activities and physical education only if there have been no symptoms for one week (i.e., no headache, dizziness, memory impairment, impaired concentration, etc.), and the student has been evaluated by and received written and signed authorization from a licensed physician. The student must be evaluated and cleared by the school physician before returning to extra-class athletic activities.
- C. If this is the student's second Grade I concussion during the season, the student should not be allowed to participate in athletic activities and physical education for at least two weeks. Return to play should be allowed only if the student is examined and cleared by the school physician, is free of all symptoms for at least one week, and the child has been evaluated by and received written and signed authorization from the child's family physician.
- D. A player's season should be terminated with the third Grade I concussion. The student may return to participating in athletic activities and physical education the following season if there were no residual symptoms, the school physician approves same and the child's family physician approves in writing such participation.

GRADE II CONCUSSION

After a first Grade II concussion, the student may return to participating in athletic activities and physical education in one week if completely asymptomatic, the school physician approves same, and the child's family physician has evaluated the student and has provided written and signed authorization approving such participation. No further evaluation, such as magnetic resonance imaging (MRI) or computed tomographic (CT) scans, is required by the District. A second concussion, one of which is a Grade II, is more serious and the player must have CT or MRI evaluation. If this is the second episode of concussion, one of which is a Grade II, the player should be kept out of participating in athletic activities and physical education classes for a minimum of one month and should only return to play after: (1) being asymptomatic for at least one week; (2) being evaluated by and receiving written and signed authorization from a licensed physician; and (3) in the case of extra-class athletic activities, receiving clearance from the school physician to participate in such activity. Depending on the sport and the

Concussion Policy (Continued)

position played, terminating the participation in athletics and physical education at this point should be determined by the school physician and the child's family physician. If this is the third occurrence of concussion, of either the Grade I or Grade II variety, the player must have CT or MRI evaluation. This player must be held out of play for at least one month. A review of the medical reports and a medical approval from the family physician must be given in writing and an examination and medical approval by the school physician must be completed for consideration to be given to the student's continued participation in the athletic and physical education programs.

GRADE III CONCUSSION

Grade III concussion is the most serious. In players with a concussion of this severity, a CT scan, or MRI should be performed that day, and neurological examination should be sought as soon as possible. On the first occurrence of a Grade III concussion, following evaluation, the player is held out of any athletic and physical education participation for at least one month and may return when the athlete has been asymptomatic for at least one week, subject to medical approval by the school physician and medical approval in writing from the family physician. On the second episode of concussion, one of which is Grade III, the player may not participate for a minimum of one month. The athlete may return to competition if asymptomatic for one week and such participation is approved by the school physician and approved in writing by the family physician.

POSTCONCUSSIVE SYNDROME

Postconcussive syndrome may follow a concussion and last up to six months. It is associated with headache (particularly with exertion), dizziness, fatigue, irritability, and impaired memory and concentration. The persistence of symptoms usually correlates with the period of post-traumatic amnesia. If Postconcussive syndrome occurs, the student should not be allowed to participate in athletic activities and physical education until all symptoms have resolved and the family physician and the school physician have approved in writing the athlete to return to athletic participation.

RETURN TO PLAY & ACTIVITIES PROGRESSION

Return to play involves a stepwise progression. There are many risks to premature return to play including: a greater risk for a 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.

Consistent with the timelines and requirements outlined in this policy, once a student has been cleared by his or her family physician to begin a graduated return to activities following a concussion, he or she may begin the return to play progression below (provided there are no other mitigating circumstances). However, the school physician has the final authority to clear students to participate in or return to extra-class athletic activities.

Concussion Policy (Continued)

Students should be monitored daily following each progressive challenge, physical or cognitive, for any return of signs and symptoms of concussion. Any observed return of signs and symptoms of concussion should be reported to the school nurse, certified athletic trainer, or appropriate school officials. A student should only move to the next level of activity if he or she remains symptom-free at the current level. Return to activity should occur with the introduction of one new activity each 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 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.

- **Phase 1:** Low-impact, non-strenuous, light aerobic activity such as walking or riding a stationary bike. If tolerated without return of symptoms over a 24-hour period, proceed to
- **Phase 2:** Higher impact, higher exertion, and moderate aerobic activity such as running or jumping rope. No resistance training. If tolerated without return of symptoms over a 24-hour period, proceed to
- **Phase 3:** Sport-specific, non-contact activity. Low-resistance weight training with a spotter. If tolerated without return of symptoms over a 24-hour period, proceed to
- **Phase 4:** Sport-specific activity, non-contact drills. Higher resistance weight training with a spotter. If tolerated without return of symptoms over a 24-hour period, proceed to
- **Phase 5:** Full-contact training drills and intense aerobic activity. If tolerated without return of symptoms over a 24-hour period, proceed to
- **Phase 6:** Return to full activities without restrictions.

The guidelines presented here should serve as minimum time periods before a student is allowed to return to athletic and physical education participation following a head injury. Certain positions of each sport or the sport itself (such as heavy contact sports) may dictate longer delays in returning to competition.

In no case may a student participate in competition without the approval of the school physician.

Policy Adopted: June 16, 1997

Policy Renumbered: January 23, 2012

Policy Revised: March 18, 2013