

Concussion Management Policy

All athletes will receive a concussion information sheet at the beginning of their season. This includes information about concussions and must be read and signed by the student-athlete and parent/guardian; it will be reviewed by the athletic trainer prior to participation.

If a student athlete receives a blow to the head or body that warrants concern, he or she must be evaluated by a certified athletic trainer before returning to play. The athletic trainer will complete a cranial nerve assessment and use a Sports Concussion Assessment Tool 6 (SCAT 6) to assess the athlete's symptoms, cognitive function, balance, and coordination. Upon these assessments, the athletic trainer will make a decision on the return to play or further evaluation of the student-athlete. **According to New York State, a student athlete may NOT return to play the same day if 1 or more symptoms of a concussion are present following a potentially concussive force.**

Common symptoms of a concussion are as follows:

- Amnesia (memory loss)
- Headache
- Balance problems or dizziness
- Sensitivity to light or noise
- Feeling sluggish, foggy or groggy
- Concentration or memory problems (forgetting game plays, facts, meeting times)
- Slowed reaction time
- Confusion
- Loss of consciousness
- Double or fuzzy vision
- Nausea
- Feeling unusually irritable

Before a student-athlete is permitted to begin the Return To Play Progression after a diagnosed concussion, as per New York State Law the athlete must be cleared by a **physician (MD or DO)** and provide the athletic trainer with a WRITTEN NOTE stating they are cleared for activity. Once obtaining physician clearance, the athlete can begin the return-to-play progression based on SCAT 6 guidelines:

Refer to Appendix for guidelines.

No more than one step will be completed within a twenty-four-hour period and athletes must be symptom-free at each stage to move on to the next. If symptoms reappear at any point, the athlete will be re-evaluated and must rest until symptom-free for twenty-four hours before returning to the progression at the previously completed level.

SCAT 6
1. Symptom-limited activity
2. Light aerobic exercise
3. Sport-specific exercise (no head impact)
4. Non-contact training drills
5. Full contact practice
6. Return to play/sport (game play)

Coaches will be aware of the return-to-play guidelines and acknowledge that the athletic trainer and Medical Director have unquestionable authority in removal from participation and return to play. See the [District Policy #7522](#) for additional information.