



**South Orangetown Central School District**

**Athletic Department**

**Emergency Action Plan**

**2025-2026**

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## **Introduction**

The purpose of the South Orangetown Central School District Athletics Emergency Action Plan (EAP) is to guide athletic personnel, emergency medical services and Orangeburg Emergency Services in responding to emergency situations when they occur. It is essential that the Athletic Department have a developed emergency plan that identifies the role of each member of the emergency response team, emergency communications, the necessary emergency equipment and the emergency protocol for each sporting venue.

## **Emergency Personnel**

Certified athletic trainers (AT's) are employed to provide leadership in the health care of the student-athlete including the emergency management of injuries/illnesses during Middle School, freshmen, JV and Varsity athletic participation, under the direction of the Chief Medical Officer.

Coaches and staff supervisors of game management are required to maintain certification in first-aid, CPR/AED, and concussion management. These requirements are established in the NYSPHSAA Handbook. This training should be completed prior to being assigned to the emergency care team or being responsible for a team. Their role is to aid the AT as part of the emergency medical team in the event of an emergency. Annual review and update of the EAP is conducted by the Athletic Director with the Certified Athletic Trainer so that each member of the emergency care team is aware of their respective role in the event of an emergency. The following roles are included in the EAP:

1. Immediate Care of the Injured/Ill Athlete(s)
2. First Responder Responsibilities
3. Person Activating Emergency Medical System Responsibilities
4. Person Retrieving Emergency Equipment Responsibilities
5. Person Directing EMS to the Scene Responsibilities
6. Person Doing Crowd Control Responsibilities
7. Person that will Contact the Parent Responsibilities
8. Transportation
9. Off-Site Sporting Events

### **Immediate Care of the Injured/Ill Athlete(s):**

There shall be at least one trained individual at all practices, competitive events, conditioning, and skill sessions. The minimal training is basic first aid, CPR/AED, and concussion management certification. These individuals include the AT and coaches. Appropriate emergency first aid steps must be taken in accordance with the level of certification that each trained member of the emergency care team has. The Injury/Illness Emergency Protocols are included at the end of this document.

The Athletic Trainer will be the FIRST RESPONDER and will lead the efforts to resuscitate/treat the student. If the Athletic Trainer is not present at the time of injury it is the Head Coach is the FIRST RESPONDER and it's their responsibility to lead the treatment of the student until the Athletic Trainer arrives. Head and Assistant Coaches need to know and familiarize themselves with the location of the closest AED. In the case that a physician is among the first responders, they can assume the role of leading the CPR but, school personnel familiar with the emergency plan should remain in the team leader role. When in doubt, call 911 and initiate the EMS. Time is essential in a true emergency. Once EMS has arrived on the scene, they are in charge of the student/ victim.

### **First Responder Responsibilities:**

1. Assess athlete following Red Cross/American Heart Association CPR, AED, and First Aid skills. Obtain student medical history. If a person has collapsed and is not responsive, assume Sudden Cardiac Arrest (SCA) and follow attached algorithm on page 9.
2. Identify person to activate Emergency Medical System (call 911 or notify EMS if present).
  - A. The South Orangetown EMS is provided a schedule of all home Varsity and JV Football Games.
3. Identify person to retrieve emergency equipment such as an AED or other first aid supplies if needed.
4. Lead/coordinate CPR efforts if appropriate until EMS personnel are present to assume care.
5. Identify person to direct EMS to the scene.
6. Identify person to do crowd control. Only persons involved in the care of the student/victim should be present.
7. Identify person to contact parents.

### **Person Activating Emergency Medical System Responsibilities:**

If you are located at an off-campus venue, such as SOMS, CLE, WOS, Veterans Park, Galaxy Gymnastics, Tallman State Park and Nyack Fencing Academy, call Clarkstown Police.

1. Call Clarkstown Police at (845) 639-5800 immediately.
2. Be prepared to give as much information as possible including:

- A. Your name, address, telephone number of caller
- B. Why you are calling (student collapsed while practicing football)
- C. Condition of athlete (breathing, pulse, level of consciousness, etc.)
- D. Any treatment initiated by first responder
- E. Location of athlete (TZHS on football field)
- F. Directions if needed.
- G. Other information requested by dispatcher

3. After ending call, report back to FIRST RESPONDER that EMS has been called and is on the way.

**Person Retrieving Emergency Equipment Responsibilities:**

Appropriate emergency equipment must be on-hand at all athletic practices and competitive events. All assigned emergency care personnel should be aware of the location and function of all emergency equipment.

- 1. Retrieve AED first and return to scene. Notify FIRST RESPONDER that the AED is present.
- 2. All teams have a first aid kit but, additional supplies such as splints, slings can be obtained from the Athletic Training room on TZHS campus.

**Person directing EMS to scene responsibilities:** (Assistant Coach, Administrator, Athletic Director)

- 1. If more than one person is needed, request additional help.
- 2. Go to entrance of area. Be sure gates are open. If area is not easy to locate, you may want to have several people to get into strategic areas to “flag down” EMS personnel and direct them to the scene.

**Person doing crowd control responsibilities:** (Assistant Coach, Administrator, Athletic Director)

- 1. Limit scene to necessary people. Move bystanders away from area.
- 2. If CPR is in progress, there will need to be several people available to do chest compressions, etc. Determine a couple of people trained in CPR that can assist with this. Have them stand to the side a few feet behind the person doing chest compressions.
- 3. If the parents/family are present, have someone stand with them for support. Do not try to remove the family but try to prevent them from hindering care.

**Person that will contact the parent responsibilities:** (Assistant Coach, Administrator, Athletic Director)

1. Obtain information to relay to parents.
2. Information needed to share may include:
  - A. Your name
  - B. Brief description of event leading to student' emergency. (John collapsed during football practice)
  - C. Current condition (He is awake and talking)
  - D. Any treatment received
  - E. Other pertinent information. (EMS is here and has started an IV)
  - F. Which hospital the student will be transported to.
3. Be prepared to give parents directions to hospital if needed.

### **Transportation**

Emergency transportation of an injured/ill student-athlete is provided via the EMS system by contacting Clarkstown Police at (845) 639-5800 dispatch who will in turn summon an ambulance to the scene of the emergency. A family member of the student-athlete may provide transportation to the emergency room. A golf cart is available (on-campus only) for transport of student-athletes with minor injuries/illnesses. In the event a family member cannot arrive on campus to meet the ambulance, a coach will ride with the injured party to the hospital and meet the family at that time.

When an athlete has been severely injured or requires activation of the EMS system, it is recommended by this administration that the athlete be transported by EMS to Nyack hospital. In severe emergencies, the student may be taken to the closest hospital for stabilization, or a hospital recommended by EMS.

### **Off-Site Sporting Events**

Instructions for Off-Site Sports (Golf, Swimming, Hockey)

1. When arriving at off-campus site, check to see if site has AED. If so, know location of AED. If no AED is available, alert AT for an AED.

3. Know location of safe shelter in case you need to evacuate due to inclement weather.

## **Lightning Guidelines**

The following steps are modified from those recommended by NYSPHSAA in the event of lightning or severe storm warning:

1. A member of the emergency care team (AT, Athletic Director, or coach,) is designated to monitor threatening weather conditions and make the decision to remove a team or individuals from an athletic venue or event.
2. Be aware of potential thunderstorms that may form. Be aware of Weather Bug thunderstorm "watches" and "warnings" as well as the signs of thunderstorms developing nearby. "Watch" means conditions are favorable for severe weather to develop in an area; a "warning" means that severe weather has been reported in an area and for everyone to take proper precautions.
3. Contests will be suspended if lightening is within a 10-mile radius or under. This is determined by monitoring the Weather Bug app. Contests may continue if lightening or thunder is outside of a 10-mile radius. This is also subject to the referee's decision if an athletic trainer is not present, or they determine play to be unsafe.
  - a. With your site administrator, set up a plan for shelter prior to the start of any contest.

When thunder and/or lightning is 10 miles or under, the following procedures should be adhered to:

1. Suspend play and direct participants to go to shelter, a building normally occupied by the public or if a building is unavailable, participants should go inside a vehicle with a solid metal top (e.g., bus, van, car).
2. Do not permit people to stand under or near a tree; and have all stay away from poles, antennas, towers and underground watering systems.
3. After thunder and/or lightning have left the area, wait 30 minutes after the last boom is heard or strike is seen, or the storm is 10 miles out before resuming play or competition.

On the Tappan Zee High School campus, there are two safe locations that should be sought out in event of dangerous weather conditions: the main gym or the field house on the main field. At the South Orangetown Middle School, WOS or CLE refuge should be taken inside the school building.

If you are unable to find shelter and are stranded outside in a lightning storm, crouch on the ground with your weight on the balls of your feet. Feet should be close together, head lowered, and ears covered.

This position lowers the height and minimizes the ground contact of a person. You want to avoid being the tallest object or being near the tallest object during a lightning storm. Avoid being in contact with or in the proximity to the highest point of an open field or water.

### **Care for Lightning Victims**

Survey scene for safety Activate EMS (call 911)

Only move victim if necessary. (May need to move to safe shelter)

Refer to PLAN FOR ACUTE CARE IN EMERGENCY SITUATIONS for further guidance

## **Heat, Humidity, and Hydration Guidelines**

During summer, early fall and late spring high temperatures and high humidity can be present. It is important that we are aware of the dangers of this situation to prevent heat illness. Many cases of exertional heat illness are preventable and can be successfully treated if such conditions are properly recognized and appropriate care is given in a timely manner.

South Orangetown Central School District will follow both the recommendations made by NYSPHSAA. Coaching staff(s) have the authority to alter work/rest ratios, practice schedules, amounts of equipment and withdrawal of individuals from participation in sports, based on heat conditions and/or athletes' medical conditions if they exceed these recommendations and guidelines listed.

### **Guidelines for Hydration**

Appropriate hydration before, during and after exercise is important for all athletes. Dehydration can compromise the athlete's performance and increase the risk of heat illness. The American College of Sports Medicine recommends the following guidelines for hydration:

- Drink 16 ounces of fluid before exercise
- Drink another 8-16 ounces 15 minutes before exercise
- During exercise, drink 4-16 ounces of fluid every 15-20 minutes
- After exercise, drink 24 ounces of fluid for every pound lost during exercise to achieve normal fluid status within 6 hours. All fluids should be served cold to promote gastric emptying.

### **What to Drink During Exercise**

Water-For most exercising athletes, the ideal fluid for pre-hydration and re-hydration is water. Water is quickly absorbed, well tolerated, an excellent thirst quencher and cost effective.

Traditional Sports Drinks-with appropriate carbohydrates and sodium may prove beneficial in some situations and for some individuals.

Situations that may benefit

- Prolonged continuous activity of greater than 45 minutes
- Extremely intense exercise with risk of heat injury
- Extremely hot and humid conditions

Individuals that may benefit

- Poor hydration prior to participation
- Increased sweat rate
- Poor caloric intake prior to participation
- Poor acclimation to heat and humidity

## **Heat, Humidity, Hydration Guidelines (continued)**

### **Guidelines for Practices**

1. Outdoor practice- All athletic teams and extracurricular organizations are restricted or cancelled if temperature is 96 degrees or above real feel. These guidelines include pre-season and all practices after school starts. Prior to the start of school and on Saturdays, teams and organizations may practice in the morning if the temperature does not reach 96 degrees or higher real feel during the time of practice.
2. Indoor practice- All athletic teams and extracurricular organizations may practice indoor at any time if the practice area is air conditioned, or practice area is equipped with fans to keep the temperature below 96 degrees during the practice session.
3. Games/Scrimmages—The South Orangetown Central School District’s athletic trainer and athletic director will use the NYSPHSAA heat and humidity and windchill guidelines as well as temperature and weather forecasts and predictions to make decisions on all games and scrimmages.
4. NYSPHSAA Heat Index and Wind Chill Procedures---Coaches should always observe these guidelines.
5. Scheduling practice—factors such as time of day, intensity of practice, equipment worn, and environmental conditions should be considered.
6. Water should be made available in unlimited amounts and at any time during practice.
7. Designated breaks should be scheduled during practice and games.

### **Symptoms and Treatment Strategies for Exertional Heat Illnesses**

#### **DEHYDRATION**

When athletes do not replenish lost fluids, they become dehydrated.

#### **Signs and Symptoms:**

- Dry mouth
- Thirst Being irritable or cranky
- Headache Seeming bored or disinterested
- Dizziness
- Cramps
- Excessive fatigue
- Not able to run as fast or play as well as usual

Treatment:

- Move athlete to a cool environment and rehydrate.
- Maintain normal hydration
- Begin exercise sessions properly hydrated. Any fluid deficits should be replaced within 1 to 2 hours after exercise is complete.
- Hydrate with a sports drink like Liquid IV, which contains carbohydrates and electrolytes (sodium and potassium) before and during exercise is optimal to replace losses and provide energy.
- Hydrate throughout sports practice to minimize dehydration and maximize performance.
- Seek medical attention to replace fluids via an intravenous line if athlete is nauseated or vomiting.

### **Return-to-Play Considerations:**

If degree of dehydration is minor and the athlete is symptom free, continued participation is acceptable with appropriate re-hydration.

## HEAT EXHAUSTION

Heat exhaustion is a moderate illness characterized by the inability to sustain adequate cardiac output, resulting from strenuous physical exercise and environmental heat stress.

Signs and Symptoms:

- Athlete finds it hard or impossible to keep playing
- Loss of coordination, dizziness or fainting
- Dehydration
- Profuse sweating or pale skin
- Headache, nausea, vomiting or diarrhea
- Stomach/intestinal cramps or persistent muscle cramps

Treatment:

- Remove athlete from play and immediately move to shaded or air-conditioned area.
- Remove excess clothing and equipment.
- Have athlete lie comfortably with legs propped above heart level.
- If athlete is not nauseated, vomiting or experiencing any CNS dysfunction, rehydrate orally with chilled water or sports drink. If athlete is unable to take oral fluids, seek medical attention to implement intravenous infusion of normal saline.
- Monitor heart rate, blood pressure, respiratory rate, core temperature and CNS status.
- Transport to an emergency facility if rapid improvement is not noted with prescribed treatment.

### **Return-to-Play Considerations:**

Athlete should be symptom free and fully hydrated; recommend physician clearance; rule out underlying condition that predisposed him/her for continue problems; and avoid intense practice

in heat until at least the next day.

### **Heat, Humidity, and Hydration Guidelines (continued)**

#### **HEAT CRAMPS**

Muscle cramps are not well understood. Heat cramps are often present in athletes who perform strenuous exercise in the heat. Conversely, cramps also occur in the absence of warm or hot conditions, which is common in ice hockey players.

#### **Signs and Symptoms:**

- Intense pain (not associated with pulling or straining a muscle)
- Persistent muscle contractions that continue during and after exercise

#### **Treatment:**

- Reestablish normal hydration status and replace some sodium losses with a sports drink or water.
- Some additional sodium may be needed (especially in those with a history of heat cramps) earlier in the activity.
- Light stretching, relaxation and massage of the involved muscle may help acute pain of a muscle cramp.

#### **Return-to-Play Considerations:**

Athletes should be assessed to determine if they can perform at the level needed for successful participation.

#### **EXERTIONAL HEAT STROKE (EHS)**

A severe illness characterized by central nervous system (CNS) abnormalities and potentially tissue damage resulting from elevated body temperatures induced by strenuous physical exercise and increased environmental heat stress.

#### **Signs and Symptoms:**

- Central nervous system dysfunction, such as altered consciousness, seizures, confusion, emotional instability, irrational behavior or decreased mental acuity
- Nausea, vomiting or diarrhea
- Headache, dizziness or weakness
- Hot and wet or dry skin
- Increased heart rate, decreased blood pressure or fast breathing
- Dehydration
- Combativeness

#### **Treatment:**

- Clarkstown Police at (845) 639-5800 to activate EMS
- Aggressive and immediate whole-body cooling is the key to optimizing treatment. The duration and degree of hypothermia may determine adverse outcomes. If untreated,

hypothermia-induced physiological changes resulting in fatal consequences may occur within vital organ systems (muscle, heart, brain, etc.). Due to superior cooling rates, immediate whole-body cooling (cold water immersion), is the best treatment and should be initiated within minutes post-incident. **It is recommended to cool first and transport second if on-site rapid cooling and adequate medical supervision are available.**

➤ Best Methods for Cold Water Immersion

- Fill a large garbage can ice and cold water. Be sure to use a new garbage bag.
- ‘The Taco Method’ Use a tarp held by two or more people. Fold in half. Put ice and water in the center and have the athlete get in.

**Return-to-Play Considerations:**

The athlete’s physician should devise a careful return-to-play strategy that can be implemented with the assistance of a qualified health care professional.

## **Guidelines for the Implementation of the Concussion Management Policy**

### **South Orangetown Central School District Concussion Management Protocol**

The following regulation contains the required protocol for a student or athlete with a suspected concussion. It is imperative to acknowledge that concussions can occur in a variety of settings including, but not limited to, interscholastic athletics, Physical Education class, and recess. Because of the possibility of concussions occurring in these different settings, the term “On-Location” is used instead of “On-Field” to protect all student populations of South Orangetown Central School District, not just its student-athletes.

Coaches (hired or volunteer) must take the CDC concussion online course every 2 years.

**Coaches:** <https://www.cdc.gov/headsup/youthsports/training/index.html>

#### **What is a concussion?**

According to the CDC, “A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells.” Concussions are not usually life threatening, but the severity can range from mild to severe.

A concussion can cause a wide range of functional short-or long-term changes affecting:

Thinking (i.e., memory and reasoning);

Sensation (i.e., sight and balance);

Language (i.e., communication, expression, and understanding); and

Emotion (i.e., depression, anxiety, personality changes, aggression, acting out, and social inappropriateness)

#### **I. Concussion Prevention Strategies**

It is strongly recommended that the Principle and Athletic Director (AD) of a school district ensure that:

1. All PE classes and interscholastic athletic competition rules are followed
2. Appropriate safety equipment is used
3. Rules of sportsmanship are enforced

4. The building is safe (ice removal, spills are cleaned up, furniture is fixed and safe for use)

## **II. On-Location Evaluation and Management**

### **A. Loss of Consciousness (LOC) or Cervical Spine Injury (CSI)**

1. Any student that suffers loss of consciousness, no matter how long its duration, is treated as a MEDICAL EMERGENCY and should be transported to the Emergency Room by EMS or parent/guardian. The same is required for any student who is suspected to have a CSI (symptoms include paralysis in the arms and/or legs, numbness and/or tingling anywhere in the body). EMS should be notified by calling the Clarkstown Police at (845) 639-5800. In such cases, the student should not be moved, and the head should be stabilized until EMS arrives.

### **B. All Other Suspected Concussions**

1. Any student that verbalizes any symptoms of concussion or is suspected of sustaining a concussion must be immediately removed from activity and assessed. At an athletic event, alert the on-site Athletic Trainer (AT) or medical professional (EMT) covering the event. If there is no AT or medical professional at the event, coaches must call parents and have them get the student assessed by their pediatrician or the district's Chief Medical Officer ASAP. If the student sustains a concussion during school hours, the building nurse will assess for concussion with NYSPHAA concussion checklist.

### **NYSPHSAA Concussion Checklist Link:**

**<https://www.oneidacsd.org/common/pages/DisplayFile.aspx?itemId=2130009>**

2. Following removal from activity, contact parents/guardian and make them aware of situation. As soon as is practicable, parents should be given the Concussion Guide for Parents. This includes the completed NYSPHSAA concussion checklist. The attached NYSPHSAA concussion checklist should be filled out by the appropriate staff member (Athletic Trainer or nurse). In addition to the checklist, a SOCSO incident report must be filled out by the staff member that witnessed the incident and given to Administration. Finally, complete the SOCSO insurance claim form for parents and give to Administration.

3. Alert a member of the Concussion Management Team (Nurse and the AT and Athletic Director when applicable). Communication among staff (Nurse, AT, Guidance Counselors, teachers, Principals, the Athletic Director, and coaches) is imperative when dealing with a student that has sustained a concussion. This communication must occur from the beginning of the concussion, to when the athlete is cleared after completing the Return to Play.

4. The Guidance Counselor will notify the student's appropriate faculty members, on a need-to-know basis.
5. The **Return to Learn** will be implemented by the Nurse.

### **Return to Learn Procedures**

The Nurse will be responsible for the oversight of the return to learn protocol. The first day will involve rest, no physical activities and then the student will be slowly returned to learn with the Nurse monitoring the progress.

Progression is individualized and will be determined on a case-by-case basis. Factors that may affect the rate of progression include previous history of concussion, duration and type of symptoms, age of the student, and sport/activity in which the student participates. An athlete/student with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may be progressed more slowly.

#### **Staff Directions for Return to Learn for all students:**

The Return-to-Learn protocol includes 6 phases with increasing intensity. Each step will take place 24 hours following the previous step. If symptoms return during any step, a 24-hour period of rest is required before repeating that step. The student may start at any phase in Return to Learn as dictated by his/her symptoms and physician recommendation.

### **Daily Return to Learn Steps**

1. Prior to start of each school day, the student must report to the Nurse's office. The Nurse asks if the student has any symptoms and records those. The Nurse will inform the student's teachers what phase the student is in each day via email until completion of the Return to Learn Protocol.
2. Teachers should ensure that the student maintains the recommended activity level per the phase that he/she is in for the day and provide accommodations. Teachers should monitor the student for symptoms throughout the day and send the student to the nurse if the student demonstrates any recurring symptoms.
4. The Nurse must sign and date the Return to Learn Check Sheet upon completion of each phase. If signed, student can move to the next phase the following school day.

### **Staff Roles and Responsibilities in Return to Learn (RTL)**

#### **Nurse**

When the school is informed that a student experienced a concussion, the Nurse must:

- Put the alert in Power School.
- Inform attendance secretary, Administration, and Guidance Counselor (if at high school).
- Provide parents with the RTL Information Sheet.

- Alert Guidance Counselor to email teachers to inform them that the student has a concussion.
- For Elementary and Middle School: Work with Administration to develop an accommodations plan for the student. For High School, work with the Guidance Counselor.
- Provide an Accommodations Plan to Elementary and Middle School teachers (guidance counselor will provide to High School). Discuss recommended accommodations from the physician.
- Maintain Return to Learn Paperwork.
- Work with Guidance Counselor regarding the potential need for homebound services (Emergency 504).

### **Administrator Elementary and Middle School/ Guidance Counselor High School**

- Oversee the Return to Learn Protocol.
- Work with Nurse regarding the potential need for homebound services.
- Oversee student progress academically, socially, and emotionally.
- Monitor student attendance.
- Develop the Accommodations Plan in conjunction with the Nurse.
- Distribute the Accommodations Plan to teachers. Discuss recommended accommodations from the physician.
- Ensure teachers understand the accommodations plan and are prepared to implement.

### **Teachers**

- Follow the recommendations in the phases for Return to Learn.
- Provide the student with accommodations indicated on the checklist. Accommodations, that are not part of a 504 plan or IEP, are reduced or eliminated as the student's symptoms resolve.
- Report any minor symptoms to the Nurse (grogginess, sensitivity to lights, inattentiveness, etc.). Send student to Nurse if presenting with any significant symptoms.
- Report to Administration/Guidance Counselor any concerns with academics or progress.
- Provide the student with adequate time to complete missed academic work based on the amount of time needed for complete recovery.
- The teacher has the option of assigning the student a grade of incomplete (I) for the quarter, final and/or semester grade until the work is completed. Teacher should work with building Administration prior to issuing an (I) grade.

### **PE Teacher**

- Permit the student only to walk in PE class.

## **Return-to-Learn Information Sheet**

### **Points of Emphasis and Parent Responsibilities:**

- It is important to note that the recovery from a concussion is a very individualized process. Caution must be taken not to compare students with concussions as they progress through the recovery process. The information below is provided to teachers, parents and students as a guide to assist with concussion recovery.
- It is recommended that students who are experiencing concussion-like symptoms be examined by their physician. It is suggested that parents share this form with the treating physician.
- Student may start at any phase in Return to Learn as symptoms dictate and/or as recommended by physician.
- If appropriate time is allowed to ensure complete brain recovery before returning to mental activity, your child may have a better outcome than if he or she tries to rush through these guidelines.

### **School Procedures**

- For the Return to Learn protocol to be initiated, the student must be evaluated by a healthcare professional and documentation must be provided to the school.
- The student will be granted adequate time to complete missed academic work based on the amount of time needed for complete recovery.
- The teacher has the option of assigning the student a grade of incomplete (I) for the quarter, final and/or semester grade.
- Reported symptoms should be addressed by specific accommodations; Accommodations are reduced or eliminated as symptoms resolve.
- Keep brain activity below the level that causes worsening of symptoms (e.g., headache, tiredness, irritability).
- If symptoms worsen at any phase, stop activity, rest and inform the Nurse.
- Students can remain at any phase as long as needed.
- Symptom free means no lingering headaches, sensitivity to light/noise, fogginess, drowsiness, difficulty concentrating, etc.
- Return to previous step if symptoms worsen.

### **Student Responsibilities**

- It is important that once the student has returned to school that they report to the Nurse daily in order to monitor symptoms as well as to determine progression to the next phase within the Return-to-Learn protocol.
- Students are encouraged to meet with Guidance Counselor/teachers regularly to discuss progress, grades, and status of make-up work.

## Concussion Return to Learn (RTL) Protocol for All Students

### Instructions:

- Student may start at any phase as symptoms dictate and/or as recommended by physician.
- Progression is individual, all concussions are different.
- Students can remain at any phase if needed.
- If symptoms worsen at any phase, stop activity and rest.
- If symptom free, student may continue to next phase. Symptom free means no lingering headaches, sensitivity to light/noise, fogginess, drowsiness, difficulty concentrating, etc.
- Return to previous phase if symptoms worsen.

PHASE	HOME ACTIVITY	SCHOOL ACTIVITY
<b>PHASE 1- HOME</b>	Rest quietly, nap and sleep as much as needed. Avoid bright light if bothersome. Drink plenty of fluids and eat healthy foods every 3-4 hours. No mental exertion. No "screen time" (text, computer, cell phone, TV, video games). No driving. No physical activity. Avoid reading and studying.	No school. No tests, quizzes or homework
	<b>Symptom Free?</b> No- Continue Phase 1 <input type="checkbox"/> Yes- Begin Phase 2	Parent Signature:  Date Attained:
<b>PHASE 2- HOME</b>	Set a regular bedtime/wake up schedule. Allow at least 8-10 hours of sleep and naps if needed. Drink a lot of fluids and eat healthy foods every 3-4 hours. Limit "screen time" to less than 30 minutes a day. No driving. May begin easy tasks at home (drawing, baking, cooking). Soft music and 'books on tape' ok. Once your child can complete 30- 60 minutes of light mental activity without a worsening of symptoms he/she may go to the next phase.	No school. No tests, quizzes or homework
	<b>Symptom Free?</b> No- Continue Phase 2 <input type="checkbox"/> Yes- Begin Phase 3	Parent Signature:  Date Attained:
<b>PHASE 3- Return to School - PARTIAL or FULL DAY (dependent on individual student needs)</b>  <b>Maximum accommodations</b>	Allow 8-10 hours of sleep per night. Avoid napping. Drink a lot of fluids and eat healthy foods every 3-4 hours. "Screen time" less than 1 hour a day. Spend limited social time with friends outside of school.	Gradually return to school. Start with a few hours/half-day. Avoid loud areas (music, band, choir, locker room, cafeteria, loud hallway and gym). No PE or school sports, alternate location. Allow breaks, as mutually decided by student and staff. Modify rather than postpone academics. Provide extended time for work completion. Complete necessary assignments only. No tests or quizzes. Avoid heavy backpacks.

	<p><b>Symptom Free for 24 hours?</b>  No- Continue Phase 3  <input type="checkbox"/> Yes – Begin Phase 4    Date Attained:</p>	<p>RN Signature:   Administration/Counselor Signature:</p>
<p><b>PHASE 4- Return to School - FULL DAY</b></p> <p><b>Moderate Accommodations</b></p>	<p>Allow 8-10 hours of sleep per night. Avoid napping. Drink a lot of fluids and eat healthy foods every 3-4 hours.  "Screen time" less than 1 hour a day. Spend limited social time with friends outside of school</p>	<p>Gradually increase demands by increasing amount of work, length of time on work, and type or difficulty of work. Progress to attending classes for full days of school.  Gradual exposure to loud areas (music, band, choir, locker room, cafeteria, loud hallway).  No PE or school sports, alternative location.  Allow breaks, as mutually decided by student and staff.  No more than 1 test or quiz per day. Try to avoid standardized tests.  Give extra time or untimed homework/tests.  Moderately decrease modifications and accommodations from Phase 3.</p>
	<p><b>Symptom Free for 24 hours?</b>  No- Continue Phase 4  <input type="checkbox"/> Yes – Begin Phase 5    Date Attained:</p>	<p>RN Signature:   Administration/Counselor Signature:</p>
<p><b>Phase 5- Return to School - FULL DAY</b></p> <p><b>Minimal Accommodations</b></p> <p><b>Begin Return to Play</b></p>	<p>Allow 8-10 hours of sleep per night. Avoid napping. Drink a lot of fluids and eat healthy foods every 3-4 hours. "Screen time" less than 1 hour a day. Spend limited social time with friends outside of school</p>	<p>Accommodations can be removed when student can function fully without them. Construct a plan to complete missed academic work. Include the student in the development of the plan.  Keep stress levels low.  Gradually increase to more than one test per day.  Return to PE, refer to Return to Play protocol.</p>
	<p><b>Symptom Free for 24 hours?</b>  No- Continue Phase 5  <input type="checkbox"/> Yes, proceed to full recovery.    Date Attained:</p>	<p>RN Signature:   Administration/Counselor Signature:</p>
<p><b>Full Recovery –</b></p>	<p>Return to normal home and social activities.</p>	<p>Return to normal school schedule and course load.</p>

## Concussion Symptom Scale

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phase: \_\_\_\_\_

How do you feel? "You should score yourself on the following symptoms, based on how you feel now".								
		None	Mild		Moderate		Severe	
Physical	Headache	0	1	2	3	4	5	6
	Pressure in the Head	0	1	2	3	4	5	6
	Neck Pain	0	1	2	3	4	5	6
	Nausea or vomiting	0	1	2	3	4	5	6
	Dizziness	0	1	2	3	4	5	6
	Blurred vision	0	1	2	3	4	5	6
	Balance problems	0	1	2	3	4	5	6
	Sensitivity to light	0	1	2	3	4	5	6
	Sensitivity to noise	0	1	2	3	4	5	6
Thinking	Feeling slowed down	0	1	2	3	4	5	6
	Feeling like "in a fog"	0	1	2	3	4	5	6
	"Don't feel right"	0	1	2	3	4	5	6
	Difficulty concentrating	0	1	2	3	4	5	6
	Difficulty remembering	0	1	2	3	4	5	6
	Confusion	0	1	2	3	4	5	6
Alertness/Sleep	Fatigue or low energy	0	1	2	3	4	5	6
	Drowsiness	0	1	2	3	4	5	6
	Trouble falling asleep	0	1	2	3	4	5	6
	Sleeping more than usual	0	1	2	3	4	5	6
Emotional	More emotional	0	1	2	3	4	5	6
	Irritability	0	1	2	3	4	5	6
	Sadness	0	1	2	3	4	5	6
	Nervous or Anxious	0	1	2	3	4	5	6
Do the symptoms get worse with physical activity? Y N								
Do the symptoms get worse with mental activity? Y N								
Nurse Signature:								
Date:								
Notes:								

## Accommodations List

Below is a list of potential accommodations that a student returning from a concussion may need. The list sets forth examples and is not exhaustive. Educational teams should review information from the physician about educational accommodations and determine which accommodations will meet the student's needs and assist him/her in transitioning back into school.

### Presentation Accommodations:

- Issue short and concise written instructions or have the student write instructions down in a step-by-step sequence.
- Use color coding and/or highlighting to emphasize important information.
- Provide class notes to the student or allow the use of text to speech technology for lessons. Check the student's comprehension of directions or instructions and allow the student to restate the information in his or her own words.
- Listen to audio recordings instead of reading text.
- Work with fewer items per page or line and/or materials in a larger print size.
- Have a designated reader
- Hear instructions orally
- Record a lesson, instead of taking notes
- Have another student share class notes
- Provide an outline of a lesson
- Use visual presentations of verbal material, such as word webs and visual organizers
- Provide a written list of instructions

### Response accommodations:

- Use multiple-choice and open-book tests (rather than short answer or essay) to minimize demand on memory.
- Give responses in a form (oral or written) that's easier for the student
- Dictate answers to a scribe
- Capture responses on an audio recorder
- Use a spelling dictionary or electronic spell-checker
- Use a word processor to type notes or give responses in class
- Use a calculator or table of "math facts"
- Write shorter papers
- Answer fewer or different test questions
- Create alternate projects or assignments

### Setting accommodations:

- Move the student's seat to the front of the room so that he or she may be better observed and less easily distracted.
- Move the student away from windows or dim the lights in the room.
- Allow the student to wear sunglasses and/or a hat.

- Allow the student to avoid pep rallies, athletic events, school dances and other events where there may be loud noises and/or bright lights and to eat lunch in a location other than a loud cafeteria environment.
- Work or take a test in a different setting, such as a quiet room with few distractions
- Sit where the student learns best (for example, near the teacher)
- Use sensory tools such as an exercise band that can be looped around a chair's legs to use as a fidget.

**Timing accommodations:**

- Break down assignments into small, manageable chunks that can be completed in a half hour or less.
- Then provide a break before moving onto the next task.
- Have extra time to process oral information and directions
- Take frequent breaks, such as after completing a task
- Take a test in several timed sessions or over several days.
- Take sections of a test in a different order
- Take a test at a specific time of day based on educational tolerance.
- Often students' fatigue towards the end of the day, it may be better to test earlier in the day.

**Organization skills accommodations:**

- Encourage and assist with the use of a planner to keep track of assignments, tests and due dates. Use diagrams, timelines and charts to organize information and projects.
- Use "to-do" lists and checklists.
- Use a visual timer to help with time management
- Mark texts with a highlighter
- Receive study skills instruction

For most students, only temporary, informal accommodation to the academic program will be needed as they recover from a concussion. However, a student who is experiencing a prolonged recovery may need additional more formal accommodations (Emergency 504). Administration will work with these students and parents to develop needed formal plans through the 504 process.

## **Concussion Protocol Information Letter**

Dear Parent/Guardian, \_\_\_\_\_ may have sustained a concussion or has been diagnosed with a concussion. South Orangetown Central School District manages concussion injuries using a stepwise return to learn and return to play protocol (see below for more information). Below is a description of the SOCSO Concussion Management Protocol.

### **South Orangetown Central School District Concussion Management Protocol**

1. Any student suspected of sustaining a concussion will be immediately removed from participation and referred to a physician.
2. Once seen by a physician the student will begin a stepwise Return-to-Learn followed by a graduated Return-to-Play protocol. The student must be cleared by the district's Chief Medical Officer for return to full PE or athletic participation.

#### **RETURN TO LEARN PROTOCOL**

- Phase 1 and 2: No school attendance, emphasize cognitive and physical rest
- Phase 3: Option for modified daily class schedule
- Phase 4: Full day of school – symptom-free at rest
- Phase 5: Full academic load and start Return-to-Play Protocol

#### **RETURN TO PLAY PROTOCOL**

- Phase 1: No activity/rest
- Phase 2: Non-impact aerobic activity (e.g., stationary biking) for up to 30 minutes as symptoms allow.
- Phase 3: Moderate aerobic physical activity, aerobic activity (e.g., running).
- Phase 4: Non-contact sport specific drills at reduced speed.
- Phase 5: Regular light-contact training drills; aerobic activity at maximum capacity including sprints.
- Phase 6: Return to play: Normal game play

If at any time post-concussion symptoms occur during the graduated return, there will be at minimum a 24hr rest period. Once asymptomatic following the rest period the athlete will drop back to the previous asymptomatic level and the progression will resume. If deemed necessary, please note and list any modifications the student may need to return to school.

## **Return-to-Learn Information Sheet**

A student's best chance of full recovery from a concussion involves two critical components: cognitive and physical rest. Continued research has focused on the fact that cognitive rest is essential to the quick resolution of concussion symptoms. Cognitive stimulation includes: driving, video games, computers, text messaging, cell phone use, loud and/or bright environments, television, reading and studying; these must be limited, and in most cases, completely avoided. Physical activity such as physical education, sports activities, and strength or cardiovascular conditioning must be regulated or avoided while recovering from a concussion.

### **Points of Emphasis and Parent Responsibilities:**

- It is important to note that the recovery from a concussion is a very individualized process. Caution must be taken not to compare students with concussions as they progress through the recovery process. The information below is provided to teachers, parents and students as a guide to assist with concussion recovery.
- It is recommended that students who are experiencing concussion-like symptoms be examined by their physician. It is suggested that parents share this form with the treating physician.
- Student may start at any phase in Return to Learn as symptoms dictate and/or as recommended by physician.
- If appropriate time is allowed to ensure complete brain recovery before returning to mental activity, your child may have a better outcome than if he or she tries to rush through these guidelines.

### **School Procedures:**

- Once asymptomatic, the student will begin the Return-to-Learn Protocol.
- The student will be granted adequate time to complete missed academic work based on the amount of time needed for complete recovery.
- Reported symptoms should be addressed by specific accommodations; Accommodations are reduced or eliminated as symptoms resolve
- If symptoms worsen at any phase, stop activity, rest and inform the Nurse. • Students can remain at any phase if needed.
- Symptom free means no lingering headaches, sensitivity to light/noise, foginess, drowsiness, difficulty concentrating, etc.
- Return to previous step if symptoms worsen.

### **Student Responsibilities:**

- It is important that once the student has returned to school that they report to the Nurse daily in order to monitor symptoms as well as to determine progression to the next phase within the Return-to-Learn protocol.
- Students are encouraged to meet with Counselor/teachers regularly to discuss progress, grades, and status of make-up work.

### **III. Off-Location Management**

A. For all concussions that occur outside of a South Orangetown School District sponsored event/activity, the student's parent or guardian is REQUIRED to alert the nurse's office and make them aware of the concussion.

B. The nurse will then notify the athletic trainer, and the student will be monitored on a day-by-day basis by either the nurse or athletic trainer.

### **IV. Physician Clearance**

A. All students with suspected concussions must be evaluated by a private licensed MD or the district's Chief Medical Officer for diagnosis and appropriate medical care. A note must be given to nurse or athletic trainer stating diagnosis.

D. After completing the Return to Play Protocol the student must obtain clearance from the Chief Medical Officer.

### High School Athletes in Season Return to Play (RTP) Protocol

When an athlete has been evaluated by a licensed physician, the following graduated functional return to play will be followed. *The Return to Play protocol will not progress until the student is cleared to proceed by their physician.*

- Each stage is a minimum 24-hour period.
- If the athlete experiences any symptoms, at any point during the rehabilitation phases, the progression will stop immediately, and the cycle will resume at the previous asymptomatic phase after 24 hours of rest. If symptoms continue, the athlete will be referred to a physician for a follow up evaluation.

**REMEMBER: Don't Hide it. Report it. Take time to recover. It's better to miss one game than the whole season.**

Rehabilitation Phase	Functional Exercise or Activity	Objective of Each Phase
<b>Phase 1 - No structured physical or cognitive activity</b> Trainer initial: _____ Date: _____	Only Basic Activities of Daily Living (ADLs)	Rest and recovery, avoidance of overexertion.
<b>Phase 2 - Light Aerobic Physical Activity</b> Trainer initial: _____ Date: _____	Non-impact aerobic activity (e.g. stationary biking) for up to 30 minutes as symptoms allow.	Increase heart rate, maintain condition, and assess tolerance of activity.
<b>Phase 3 – Moderate aerobic physical activity</b> Trainer initial: _____ Date: _____	Aerobic activity (e.g., running)	Increase heart rate; further assess conditioning and tolerance of activity.
<b>Phase 4 – Non-contact training drills at half speed.</b> Trainer initial: _____ Date: _____	Non-contact sport specific drills	Begin assimilation into team dynamics; introduce more motion and non-impact jarring.
<b>Phase 5 – Light-contact training drills at full speed</b> Trainer initial: _____ Date: _____	Regular light-contact training drills; aerobic activity at maximum capacity including sprints	Ensure tolerance of all regular activities short of physical contact.
<b>Phase 6 - Full contact practice</b>  <u><b>Obtain signed Physician's Authorization to Return Before Proceeding with Phase</b></u>	Following Clearance, Normal Training Activities	Restore confidence, assess functional skills by coaching staff, and ensure tolerance of contact sports

Treatment, management, and return to play determinations will be individualized to each athlete and dependent on circumstances of each specific case and injury.

Athletic Trainer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please review the NYSED Guidelines for Concussion Management in Schools for clarification on concussion management in NYS.

**NYSED Guidelines for Concussion Management in Schools:**

**<http://www.p12.nysed.gov/sss/documents/ConcussionManageGuidelines.pdf>**

For clarification about concussion management at SOCSO, please contact one of the staff members listed on page.33 of this document.

## Spinal Cord Injury Treatment Guidelines

### General Guidelines:

- Any athlete suspected of having a spinal injury should not be moved and should be managed as though a spinal injury exists.
- The athlete's airway, breathing, circulation, neurological status and level of consciousness should be assessed.
- The athlete should not be moved unless essential to maintain airway, breathing and circulation. If the athlete must be moved, the athlete should be placed in a supine position while maintaining spinal immobilization.
- This should only be done by personnel trained to care for the athlete with a spinal cord injury. Do not allow other players or other unauthorized persons to move a teammate who is lying immobile on the field.
- Activate the EMS system.

### Football Specific Guidelines Face Mask Removal:

- The face mask should be removed prior to transportation regardless of current respiratory status (leave helmet in place).
- Have tools for face mask removal readily available.

### Football Helmet Removal:

The athletic helmet and chin strap should only be removed:

- If the helmet prevents immobilization for transportation in an appropriate position
- Spinal immobilization must be maintained while removing the helmet.

The helmet and the shoulder pads elevate the athlete's trunk when in supine position. Should either the helmet or shoulder pads be removed-or if only one of these are present-appropriate spinal alignment must be maintained. The front of the shoulder pads can be opened to allow for CPR and defibrillation.

### Return to play considerations:

- Any student removed from practice/play with a suspected spinal cord injury will not be allowed to return to practice/play until cleared by a private licensed MD.

## **Contact Information**

**Bill Pilla- Athletic Director**

**Phone: 845-680-1640**

**Email: wpilla@socsd.org**

**Melissa Luciano- Tappan Zee High School Principal**

**Phone: 845-680-1606**

**Email: mluciano@socsd.org**

**Patricia Shalvey- Tappan Zee High School Nurse**

**Phone: 845-680-1647**

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**Jennifer Hind- South Orangetown Middle School Nurse**

**Phone: 845-680-1130**

**Email: jhind@socsd.org**

**Jessica Lappe- Tappan Zee Athletic Trainer**

**Cell: 845-680-1682**

**Email: jlappe@socsd.org**

**Chief Medical Officer- McKirven Ceus, MD**

**Phone: 845-579-2700**

**Email: mceus@thesportsmedzone.com**

**Clarkstown Police Department**

**Main Line: 845-639-5800**

**South Orangetown EMS**

**Main Line: 845-359-3030**

**Local Hospital- Nyack Hospital**

**160 North Midland Ave**

**Nyack, NY 10960**

## Sources

### Lightening Source:

- <http://www.nysphsaa.org/portals/0/pdf/safety/ThunderLightningPolicy.pdf>

### Heat Illness Source:

- <http://athletictherapy.org/media/1039/nata-position-statement-external-heat-illnesses.pdf>
- <http://www.nysphsaa.org/SafetyResearch/HeatIndexWindChillProcedures.aspx>

### Concussion Management Sources:

- <http://www.p12.nysed.gov/sss/documents/ConcussionManageGuidelines.pdf>
- <http://www.gonysata2.org/concussion-management/>
- [http://www.nata.org/sites/default/files/Concussion\\_Management\\_Position\\_Statement.pdf](http://www.nata.org/sites/default/files/Concussion_Management_Position_Statement.pdf)
- [http://www.hufsd.edu/assets/pdfs/athletics/2012/athletics\\_nysphaa\\_concussion\\_checklist.pdf](http://www.hufsd.edu/assets/pdfs/athletics/2012/athletics_nysphaa_concussion_checklist.pdf)
- [http://www.cdc.gov/headsup/pdfs/highschoolsports/parents\\_fact\\_sheet-a.pdf](http://www.cdc.gov/headsup/pdfs/highschoolsports/parents_fact_sheet-a.pdf)
- <http://www.fda1.org/wp-content/uploads/2012/07/Concussion-Checklist.pdf>
- <https://bjsm.bmj.com/content/bjsports/early/2017/04/28/bjsports-2017-097492childscat5.full.pdf>
- <https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf>

### Cervical Spine Management Source:

- <http://www.nata.org/sites/default/files/AcuteMgmtOfCervicalSpineInjuredAthlete.pdf>