

FREWSBURG CENTRAL SCHOOL DISTRICT

CONCUSSION MANAGEMENT PROCEDURE

COMMITTEE MEMBERS

District Superintendent	
Tiffany Frederes	Director of Pupil/Personnel Services
Dr. Tariq Khan	School Physician/ District Chief Medical
Director	
Board of Education Member	
Sarah Olson	RHJ Elementary Principal
Jennifer Armella	MS/HS Principal
Terry Gray	Dir of Physical Education & Athletics
Deb Peterson	MS/HS Nurse
Jenna Moore	RHJ Elementary Nurse
Adam Loftus	Coach /Teacher
Charlie Oviatt	Athletic Trainer/Impact Administrator

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Concussion Recognition Tool -CRT5 *Separate Document*
Return to Play Packet
Concussion Accommodation Form
Student Concussion Monitoring Form

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Concussion Management Team

The district will assemble a Concussion Management Team (CMT). The district's CMT will be comprised of:

- High School Principal
- Elementary School Principal
- Athletic Director
- Coach
- School Nurse
- School Physician
- Athletic Trainer

The CMT will coordinate training for all administrators, teachers, coaches, parents, and students. Training is mandatory for all physical education teachers, coaches, assistant coaches, and volunteer coaches.

The CMT will develop the training and materials needed to educate all stakeholder groups.

The CMT will develop a testing schedule annually for Neurocognitive Testing.

The CMT will review the adherence and implementation of this plan. The CMT will review individual cases, including data and documentation to make recommendations for updates and revisions to the plan.

Concussion Education

The Committee recognizes that all students have the potential to sustain a concussion. Therefore, the following groups will receive training annually.

- Students (Primary, Intermediate, Middle School, High School)
- Parents of students participating in sports
- Athletic Director, Physical Education Teachers, Nurses, Coaches, Assistant Coaches, Volunteer Coaches
- Administrators, School Counselors
- Faculty and Staff working directly with students

Training on concussions will include: signs and symptoms of concussions, post-concussion and second impact syndromes, return to play and school protocols, school policy and procedures, and available resources for concussion management and treatment.

Information related to concussions will be present at the Mandatory Parent Meeting held prior to each sports season. The information will be available on the district's website and Family ID.

Concussion information including the definition, signs and symptoms, how such injuries may occur, and the guidelines for the return to school will be included in any permission form or parent consent form required for a student's participation in interscholastic sports and shall also include how to obtain such information from the department and the department of health website

Included in at least 2 practices, the coach of a contact sport will instruct athletes on ways in which concussion can be avoided.

Neurocognitive Testing

Baseline Testing

The Impact Neurocognitive Test will be administered to all students in grades 7, 9, and 11. If a student is participating in a sport, their ImPact test must be completed prior to the beginning of the first practice. If a student has an Individual Education Program (IEP), accommodations may be provided as listed. Accommodations are not intended to give a student an unfair advantage, only to ensure that he/she understands the task at hand. No home based testing will be allowed.

Results will be utilized for two years. All testing information will be kept on file in the student's permanent health file.

All identified staff to administer The Impact Neurocognitive Test will complete the required training module prior to administering the assessment.

Post-Injury Testing

Students may be required after Day 4 of the Return to Play Progression to complete post ImPact Testing as determined by the district's Chief Medical Officer. No students may participate in contact practice or a game until the student is symptom free and has authorization from the Chief Medical Officer.

Sway Medical - SWAY

Sway is a new neurocognitive test for concussions. Sway uses objective balance and cognitive testing on mobile devices. SWAY is FDA cleared for concussion management. The baseline sway test takes 20 minutes and the sideline sway test takes 5 minutes to complete. Athletic trainers are making the switch to Sway because it eliminates the inefficiencies of outdated concussion testing systems. FCSD will be doing a trial run using SWAY to see if it is a better option for the district.

Return to Learn & Academic Support and Accommodations

Students recovering from concussion can experience significant academic difficulties due to impaired cognitive abilities. Mental exertion and environmental stimulation can aggravate concussion symptoms such as headache and fatigue, which in turn can prolong recovery. Accordingly, academic accommodations should be available to the student recovering from concussion both to ensure academic progress and to set the conditions for optimal medical recovery. Academic stress and a sense that teachers or school staff do not understand the student's concussion-related problems can complicate recovery.

Ensuring adequate rest, avoiding overexertion and overstimulation, reducing risk of re-injury and providing academic accommodations are the essential components of a return to school plan after concussion. If concussion symptoms have resulted in a student unable to participate in academic activities for more than two weeks, the District will implement a temporary Section 504 plan through the Building Principal, utilizing the Return to Learn form located at the end of this plan.

Concussion Management Flow Chart

1. Concussion occurs - removed from all activity and student reports to either the Nurse or Athletic Trainer
2. Nurse and or Athletic Trainer will notify all parties (Student Parent, Admin, Teachers and Coaches and etc)
3. School will put general accommodations in place as soon as we are aware of the concussion
 - a. Which are the following:
 - i. Limited screen time
 - ii. Limited class work and homework assignments
 - iii. Limited tests and quizzes
 - iv. Allow student to report to Nurse Office when needed
 - b. Student Daily Monitoring Form will be sent out to teachers and staff
4. Nurse and Athletic Trainer will gather all information from medical provider and parents and student and updated as we get information
 - a. Develop a Plan that individualize to the student and is base on what student needs and what the Medical Provider puts in place
 - b. Check in with Student and Teachers to gather feedback - using the Student Daily Monitoring Form (either google doc or paper form)
5. Student returns with no accommodations, and may start the return to play part of the return
6. Return to Play - will be supervised by the Athletic Trainer
7. Once the Student has completed the return to learn and return to play, final clearance from school medical director then the student will be fully cleared from his concussion.

When the school is made aware of the student who may have sustained a concussion, the school will put in general accommodations to help the student before they are seen by a medical provider. The staff will use ADJUST in their classes so that the students are academically successful and emotionally supported during their recovery.

ADJUST

- A:** Allow time for the student brain to heal
- D:** Determine how you can adjust class and home assignments
- J:** Just being understanding and caring makes a HUGE Difference
- U:** Understanding brain injuries are invisible
- S:** Sense that your student has a shorter “Battery” life until their brain heals
- T:** Talk to your student about what’s working and what’s not

Physical Education Class:

Ensure that the students that are suspected of or diagnosed with a concussion do not substitute cognitive activities (read/writing) for Physical Education Class, unless the healthcare provider clears the student to do so.

Once the student has been cleared to participate in physical activity, the student will complete the gradual return to activity/play protocol which will be supervised by the Athletic Trainer, and assisted by the Physical Education Teacher during their class time.

Concussion Recovery Timeline

Stage	Description	Expected Duration	School's Action	Student's Action
I	Complete rest	2-6 days	- Contacted by school nurse - Explanation of injury and current plan of care	- Out of school - Strict limits for use of computer, cell phone, texting, video games, etc.
II	- Significant deficits in processing and concentration - Cognitive activity as tolerated	2-14 days	- Hold Educational Team Meeting and develop three categories for all assignments: - Excused; Not to be made up - Accountable; Responsible for content not process. May be notes or work shared by a classmate, or may be covered in a review sheet - Responsible; must be completed by the student and will be graded.	- In school as tolerated - When present, observing not participating. Get copies of notes, handouts, etc. - Communicate with teachers about progress/challenges - Be patient with slow recovery, just do your best - No physical/sports activity
III	Gradual increase of time and energy, slowly resuming full workload	3-7 days; Variable	- Prioritize assignments with student, both make-up work and new work - Continue to use lists with the three categories for assignments until all work is completed, and assist with setting a timeline for completion of assignments	- In class/school full-time - Communicate with teachers on your progress with assignments - Communicate with teachers and parents on the pace of resuming a full workload and completing make-up work - No physical/sports activity (including PE class)
IV	Complete resumption of normal activities		- Monitor completion of assignments - Communicate with parents and staff as to when student is caught up with assignments and working at the same pace as his/her classmates - Communicate with Guidance Office as grades are updated	- Resume all normal activities - Progress with coach – supervision resumption of participation in athletics - Assist with setting a timeline for completion of assignments

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Return to Activity & Sport

Any student believed to have sustained a concussion will be immediately removed from athletic activities. In the event that there is any doubt as to whether a pupil has sustained a concussion, it shall be presumed that he or she has been injured until proven otherwise. Students are prohibited from returning to play the day the concussion is sustained.

A student with a concussion should be assessed by a medical provider within 24-72 hours of the injury. It is recommended the student see their own primary care provider. Post injury impact testing following day 4 of the return to play protocol. Results will be shared with the parent/guardian/physician.

No such pupil shall resume athletic activity until he or she shall have been symptom free for no less than 24 hours, and has been evaluated by and received written and signed authorization from a licensed physician. The district Chief Medical Officer will review all documentation and make the final determination for Return to Play. Such authorization will be kept on file in the student's permanent health file.

Once a student diagnosed with a concussion experiences lessening symptoms, they may start with light aerobic activity, as long as it does not worsen the symptoms. A licensed physician still will need to clear the student to begin graduated return to activities protocol. If the district has concerns or questions about the licensed physician's orders, the district medical director should contact that licensed physician to discuss and clarify. Additionally, the medical director has the final authority to clear students to participate in or return to extra-class physical activities in accordance with 8 NYCRR 135.4(c)(7)(i), (provided there are no other mitigating circumstances).

Day 1: Symptom limited Activity

Day 2: Sport-specific activity

Day 3: Non-contact training drills/ Individual Sport Specific Exercises

Day 4: Non-contact training drills*

Day 5: Full contact practice

Day 6: Return to play

Each step should take 24 hours so that an athlete would take approximately one week to proceed through the full rehabilitation protocol once they are asymptomatic at rest with provocative exercise. If any post-concussion symptoms occur while in the stepwise program, then the student will drop back to the previous asymptomatic level and progress again after a further 24 hour period of rest has passed.

Return to Play Decisions

Once the student has been symptom free and has completed their return to learn (school with no accommodations and the return to play protocol. Athletic Trainer and or Nurse will ask for final clearance from the district's chief medical officer. Return to Play decisions are complex and will be based on the student's concussion history, severity of the injury, and results of neurocognitive testing. Final authorization will be given by the district's Chief Medical Officer in consultation with the Concussion Management Team. The district's Chief Medical Officer must make the final approval and clear the athlete to play.

Frewsburg Central School District Concussion Return to Play (RTP) Protocol Clearance Form

Name:_____ **Sport:**_____ **Injury Date:**_____

PCP Clearance Date:_____ **School Medical Director Clearance Date:**_____

	<u>Shut-Down</u>	<u>_____</u> <u>Date Completed</u>	Full Cognitive and physical rest with signs and symptoms monitoring for at least 48 to 72 hours following injury Clearance by Primary Care Physician is needed before progressing to next step
1	<u>Symptom Limited Activity</u>	<u>_____</u> <u>Date Completed</u>	(30- 40 % MHR) - Complete 20 minutes of very light aerobic exercise and exercise equipment. Avoid activities involving impact, head movement/positional changes No Resistance/Weight Training
2	<u>Light Intensity/ Aerobic Exercise</u>	<u>_____</u> <u>Date Completed</u>	(50-60% MHR)- 20 Min aerobic exercise, light PRE's, beginning to moderate balance/vestibular training No Resistance/ Weight Training Notes _____
3	<u>Moderate Intensity/ Sport Specific Exercise</u>	<u>_____</u> <u>Date Completed</u>	(70 -80% THR) - 30 minutes of aerobic exercise, Progress PRE's and balance and vestibular training Sport Individual Skills Drills No Head Impact Activities May begin resistance/ weight training (No overhead free wei
4	<u>High Intensity/ Non -Contact Training Drills</u>	<u>_____</u> <u>Date Completed</u> <u>_____</u> <u>Date Completed</u>	(70 -80% THR) - 30 minutes minimal of aerobic exercise, Aggres specific non -contact activities Practice with teammates but NO CONTACT Progression of resistance/weight training Post -Injury Impact Test Complete
		<u>_____</u> <u>Date Completed</u>	School Medical Director Clearance Needed before progressing to the final step.

Trouble Remembering	0	1	2	3	4	5	6
Feeling Fatigue/tired	0	1	2	3	4	5	6
Confusion	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
Trouble Staying asleep	0	1	2	3	4	5	6
Emotional	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6

Based on these and other clinical findings, the following is recommended for this athlete

- Progress to the Next Step of RTP
- Return to Asymptomatic Phase of RTP
- Physician Referred

Athletic Trainer: _____ Date: _____

DAY ONE:

Name: _____ DOB: _____

1	<u>Initiation/ Symptom Limited Activity</u>	<u>Date Completed</u>	(30- 40 % MHR) - Complete 20 minutes of very light aerobic exercise and exercise equipment. Avoid activities involving impact, head movement/positional changes No Resistance/Weight Training Notes: _____

		Mild		Mod		Severe		<u>TOTALS:</u> Total Number of Symptoms /24 Symptoms Severity Total /144
Headache	0	1	2	3	4	5	6	
Pressure in Head	0	1	2	3	4	5	6	
Neck Pain	0	1	2	3	4	5	6	

Nausea/vomiting	0	1	2	3	4	5	6	Do Symptoms worsen with Physical Activity YES/NO Do Symptoms worsen with Mental Activity YES/NO Comments: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ <u>Based on these and other clinical findings,</u> <u>the following is recommended for this</u> <u>athlete</u> ● Progress to the Next Step of RTP ● Return to Asymptomatic Phase of RTP ● Physician Referred
Dizziness	0	1	2	3	4	5	6	
Visual Changes	0	1	2	3	4	5	6	
Unsteadiness	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	
Feeling Slow Down	0	1	2	3	4	5	6	
Feel Like your in a fog	0	1	2	3	4	5	6	
Trouble Remembering	0	1	2	3	4	5	6	
Feeling Fatigue/tired	0	1	2	3	4	5	6	
Confusion	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	
Trouble Staying asleep	0	1	2	3	4	5	6	
Emotional	0	1	2	3	4	5	6	
Sadness	0	1	2	3	4	5	6	
Irritable	0	1	2	3	4	5	6	
Sadness	0	1	2	3	4	5	6	
Anxious	0	1	2	3	4	5	6	
Just don't feel right	0	1	2	3	4	5	6	
Just don't feel myself	0	1	2	3	4	5	6	

Athletic Trainer:
Date:

Name:
DOB

DAY TWO :

Sadness	0	1	2	3	4	5	6	
Irritable	0	1	2	3	4	5	6	
Sadness	0	1	2	3	4	5	6	
Anxious	0	1	2	3	4	5	6	
Just don't feel right	0	1	2	3	4	5	6	
Just don't feel myself	0	1	2	3	4	5	6	

Athletic Trainer: _____ Date: _____

DAY THREE :

Name: _____ DOB: _____

3	<u>Moderate Intensity/ Sport Specific Exercise</u>	<u>Date Completed</u>	(70 -80% THR) - 30 minutes of aerobic exercise, Progress PRE's and balance and vestibular training Sport Individual Skills Drills No Head Impact Activities May begin resistance/ weight training (No overhead free weights) Note: _____

		Mild		Mod		Severe		<u>TOTALS:</u> Total Number of Symptoms /24 Symptoms Severity Total /144 Do Symptoms worsen with Physical Activity YES/NO Do Symptoms worsen with Mental Activity YES/NO Comments: _____ _____ _____ _____ _____ _____ _____ _____ _____
Headache	0	1	2	3	4	5	6	
Pressure in Head	0	1	2	3	4	5	6	
Neck Pain	0	1	2	3	4	5	6	
Nausea/vomiting	0	1	2	3	4	5	6	
Dizziness	0	1	2	3	4	5	6	
Visual Changes	0	1	2	3	4	5	6	
Unsteadiness	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	
Feeling Slow Down	0	1	2	3	4	5	6	

Feel Like your in a fog	0	1	2	3	4	5	6
Trouble Remembering	0	1	2	3	4	5	6
Feeling Fatigue/tired	0	1	2	3	4	5	6
Confusion	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
Trouble Staying asleep	0	1	2	3	4	5	6
Emotional	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Irritable	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Anxious	0	1	2	3	4	5	6
Just don't feel right	0	1	2	3	4	5	6
Just don't feel myself	0	1	2	3	4	5	6

Based on these and other clinical findings, the following is recommended for this athlete

- Progress to the Next Step of RTP
- Return to Asymptomatic Phase of RTP
- Physician Referred

Athletic Trainer: _____ Date: _____

DAY FOUR :

Name: _____ DOB: _____

4	<u>High Intensity/ Non -Contact Training Drills</u>	<u> </u> <u>Date Completed</u> <u> </u> <u>Date Completed</u>	(70 -80% THR) - 30 minutes minimal of aerobic exercise, Aggressive sport specific non -contact activities Practice with teammates but NO CONTACT Progression of resistance/weight training Post -Injury Impact Test Complete
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		Mild		Mod		Severe		<u>TOTALS:</u> Total Number of Symptoms /24 Symptoms Severity Total
Headache	0	1	2	3	4	5	6	
Pressure in Head	0	1	2	3	4	5	6	

Name:

DOB

● **SCHOOL MEDICAL DIRECTOR CLEARANCE:**

5	<u>Full Exertion/ Full Contact Practice</u>	<u>Date Completed</u>	(80-90% THR) - Contact sport/position-specific training at THR of 80-90% with bouts of 90-100% Full Participation in contact practice Weight/Resistance Training w/o Limitations Notes: _____
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		Mild		Mod		Severe	
Headache	0	1	2	3	4	5	6
Pressure in Head	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea/vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Visual Changes	0	1	2	3	4	5	6
Unsteadiness	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
Feeling Slow Down	0	1	2	3	4	5	6
Feel Like your in a fog	0	1	2	3	4	5	6
Trouble Remembering	0	1	2	3	4	5	6
Feeling Fatigue/tired	0	1	2	3	4	5	6
Confusion	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
Trouble Staying asleep	0	1	2	3	4	5	6
Emotional	0	1	2	3	4	5	6

TOTALS:

Total Number of Symptoms /24

Symptoms Severity Total /144

Do Symptoms worsen with Physical Activity YES/NO

Do Symptoms worsen with Mental Activity YES/NO

Comments: _____

Based on these and other clinical findings, the following is recommended for this athlete

- Progress to the FULL CLEARANCE
- Return to Asymptomatic Phase of RTP
 - Physician Referred

Sadness	0	1	2	3	4	5	6	
Irritable	0	1	2	3	4	5	6	
Sadness	0	1	2	3	4	5	6	
Anxious	0	1	2	3	4	5	6	
Just don't feel right	0	1	2	3	4	5	6	
Just don't feel myself	0	1	2	3	4	5	6	

Athletic Trainer: _____ Date: _____

**Frewsburg Central School
Concussion Accommodation Form**

Student Name: _____ DOB: _____ Concussion
Date: _____

Please excuse the student from school today due to a medical
appointment: _____

ACADEMIC RECOMMENDATIONS:

School Attendance

- Absence from school is required at this time. Please prove schoolwork so the student may start at home to help determine if they can return to the classroom
- The student may return to school for partial days as tolerated
- May return to school for full days when tolerating partial days without difficulty.
- May return to school for full days
- No Restrictions

Cognitive Load/Classroom Environment

- All graded work (homework, papers, projects, quizzes and tests) missed should receive a medical pass. Please have teachers identify and provide critical missed material for the student as they should be expected to review these materials when they are able to return to full academic load. An effort will be made to do this earlier if the student is well enough to tolerate it.
- Modifications to workload :
 - No Tests, quizzes or major projects
 - Limit screen time (computer, tablets, smartboards)
 - extend time for tests and quizzes
 - Reduce Homework and assignments
 - Allow extra time on assignments and assesemtns
 - No chorus/band/orchestra/music class
 - Provide written instructions and lesson outlines
 - Students allowed to wear sunglass for light sensitivity
 - May take 10-15 min breaks as needed
 - Preferential seating away from bright lights or distractions
 - Please allow access to the school nurse.
- No Modifications needed

PHYSICAL ACTIVITY RECOMMENDATIONS:

- No Physical Education/Sports or recess and NO Driving
- No sports relative activities (practice attendance, game attendance)
- May return to physical education without restrictions
- May return to sports with restrictions _____
- May return to sports without restriction
- May start the return to play protocol with certified athletic trainer (ATC)with return to sports/physical education without restrictions once completed
- Post Concussion Neurocognitive Testing with AT at the school
- Other _____

**The student will be seen for an office follow-up in _____ week(s).
Updated Accommodations will be provided at that time.**

Physician's Signature: _____ **Date:** _____

Office Stamp:

WEEKLY STUDENT CONCUSSION MONITORING FORM

Teacher					
Student Name:					
Grade					
Accommodation:					
	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Physical Signs					
Appears dazed or stunned	•	•	•	•	•
Moves Clumsily	•	•	•	•	•
Shows signs of balance problems	•	•	•	•	•
Vomiting or nausea	•	•	•	•	•
Head or pressure in head	•	•	•	•	•
Blurred or double vision	•	•	•	•	•
Sensitivity to light	•	•	•	•	•
Sensitivity to noise	•	•	•	•	•
Cognitive Signs					
Confused about assignment/position	•	•	•	•	•
forgets class schedule or instructions	•	•	•	•	•
Answer questions slowly	•	•	•	•	•
Related questions	•	•	•	•	•
Difficulty concentrating or remembering	•	•	•	•	•
Emotional/Behavioral Sign					
Irritable or unusually emotional	•	•	•	•	•

sad or withdrawn	•	•	•	•	•
nervous or anxious	•	•	•	•	•
Personality changes	•	•	•	•	•
Sleep-Related Signs					
Drowsy	•	•	•	•	•
Falling sleep in class	•	•	•	•	•
Student Reported Symptoms (if any)					
Actions Taken					
Notified school nurse	•	•	•	•	•
Student sent to the office	•	•	•	•	•
Student sent to the nurse	•	•	•	•	•
Student stay in class	•	•	•	•	•
	•	•	•	•	•
Additional Notes / Observations					

DAILY STUDENT CONCUSSION MONITORING FORM

[illegible]

[illegible]

