

0-1

# **Cayuga-Onondaga BOCES**



## **Comprehensive Concussion Management Program**

# TABLE OF CONTENTS

<b>POLICY.....</b>	<b>2</b>
<b>Concussion Management Team.....</b>	<b>2</b>
<b>Staff Training / Course of Instruction.....</b>	<b>3</b>
<b>Identification of Concussions.....</b>	<b>3</b>
<b>Process for Removing Student from Activities Due to Concussion.....</b>	<b>5</b>
<b>Post-Concussion Management .....</b>	<b>5</b>
<b>Return to Play / Return to School .....</b>	<b>6</b>
<b>Strategies to Prevent Concussions.....</b>	<b>7</b>
<b>APPENDICES.....</b>	<b>8</b>
<b>Concussion Management Team Flow Chart.....</b>	<b>9</b>
<b>Concussion Signs and Symptoms Checklist.....</b>	<b>10</b>
<b>Concussion Information Sheet for Students and Parents .....</b>	<b>12</b>
<b>Acute Concussion Care Plan.....</b>	<b>14</b>
<b>Physical Education Teacher Post Concussion Recording Form.....</b>	<b>15</b>

**SUBJECT: COMPREHENSIVE CONCUSSION MANAGEMENT**

The Board recognizes that concussions and head injuries are the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. A concussion is a mild traumatic brain injury (MTBI). A concussion occurs when normal brain functioning is disrupted by a blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Recovery from concussion and its symptoms will vary. Avoiding re-injury and over-exertion until fully recovered are the cornerstones of proper concussion management. Concussions can impact a student's academic life as well as their athletic pursuits. Therefore, BOCES has developed the following regulation for the implementation of the Concussion Management and Awareness Act and Commissioner's Regulations to support the proper evaluation and management of concussion injuries.

**Concussion Management Team**

The BOCES may establish a Concussion Management Team (CMT), which will oversee and implement the BOCES's concussion management policies and protocols. The team may include: school nurse; BOCES Medical Director; a Physical Education Teacher; Students; Parents; Administrator(s); Teacher(s); Private medical provider or specialist; other appropriate personnel as designated by the school district.

The primary focus of the team is student health and recovery. The following is a list of tasks that may be performed by the Concussion Management Team:

- 1) Oversee the training of physical education teachers and nurses on concussion and MTBI.
- 2) Implement a coordinated communication plan to ensure that all staff is aware of and following post-concussion orders from private physicians. If necessary, the CMT can implement a plan similar to an individualized healthcare plan used by the school nurse to communicate post-concussion orders and symptoms to look out for in injured students.
- 3) Work with the District's Medical Director to establish a standard treatment plan and emergency procedure for use when a student sustains a concussion during the school day or at a school-sponsored athletic event.
- 4) Advocate for appropriate academic and physical accommodations to reduce delays in a student's ability to return to full activities.
- 5) Provide information on concussion to parents and persons in parental relations throughout each school year. The required information will be included in athletic handbooks and permission forms before each sports season.
- 6) Ensure that there is a link to online concussion management information from the NYS Department of Health and New York State Education Department (NYSED) included on the athletic department's page of the School District website, if one exists.

(Continued)

**SUBJECT: COMPREHENSIVE CONCUSSION MANAGEMENT (Cont'd.)****Staff Training/ Course of Instruction**

Each physical education teacher and school nurse who works with and/or provides instruction to students in BOCES-sponsored athletic activities (including physical education class and extracurricular activities) shall complete a course of instruction every two (2) years related to recognizing the symptoms of concussions or MTBIs, and monitoring and seeking proper medical treatment for students who suffer from concussion or MTBI.

Components of the course will include:

- 1) The definition of MTBI;
- 2) Signs and symptoms of MTBI/concussion;
- 3) How MTBIs may occur;
- 4) Practices regarding prevention; and
- 5) Guidelines for the return to school and school activities for a student who has suffered an MTBI, even if the injury occurred outside of school.

The course can be completed by a means of instruction approved by NYSED including, but not limited to, courses provided online and by teleconference. The team will utilize a system to document all required training for District staff. Because concussion symptoms may manifest themselves in any setting, all school staff will be encouraged to take the online training and be alert for students who may display or report concussion symptoms.

**Identification of Concussions**

Any student demonstrating signs, symptoms or behaviors consistent with a concussion while participating in a class or extracurricular activity shall be removed from the class, game or activity and be evaluated as soon as possible by an appropriate health care professional. The student should be observed until an evaluation is completed by a medical professional or turned over to the care of his/her parent or person in parental relation. The District shall notify the student's parents or guardians and recommend appropriate evaluation and monitoring.

Symptoms of a concussion include, but are not limited to:

- 1) Amnesia (e.g., decreased or absent memory of events prior to or immediately after the injury, or difficulty retaining new information);
- 2) Confusion or appearing dazed;
- 3) Headache or head pressure;
- 4) Loss of consciousness;

(Continued)

**SUBJECT: COMPREHENSIVE CONCUSSION MANAGEMENT (Cont'd.)**

- 5) Balance difficulty or dizziness, or clumsy movements;
- 6) Double or blurry vision;
- 7) Sensitivity to light and/or sound;
- 8) Nausea, vomiting, and/or loss of appetite;
- 9) Irritability, sadness or other changes in personality;
- 10) Feeling sluggish, foggy, groggy, or lightheaded;
- 11) Concentration or focusing problems;
- 12) Slowed reaction times, drowsiness;
- 13) Fatigue and/or sleep issues (e.g., sleeping more or less than usual).

Students who develop any of the following signs, or if the above listed symptoms worsen, must be seen and evaluated immediately at the nearest hospital emergency room:

- 1) Headaches that worsen;
- 2) Seizures;
- 3) Looks drowsy and/or cannot be awakened;
- 4) Repeated vomiting;
- 5) Slurred speech;
- 6) Unable to recognize people or places;
- 7) Weakness or numbing in arms or legs, facial drooping;
- 8) Unsteady gait;
- 9) Dilated or pinpoint pupils, or change in pupil size of one eye;
- 10) Significant irritability;
- 11) Any loss of consciousness;
- 12) Suspicion of skull fracture: blood draining from ear, or clear fluid from nose.

(Continued)

**SUBJECT: COMPREHENSIVE CONCUSSION MANAGEMENT (Cont'd.)****Procedure for Removal of Student from Activities Due to Concussion**

The BOCES shall require the immediate removal of any student from any activity who has sustained, or is believed to have sustained based on reporting or display of symptoms, a mild traumatic brain injury (MTBI) or concussion. Such removal must occur regardless of whether the injury occurred inside or outside of school. 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 following procedure will be followed in the event that a student sustains or is believed to have sustained a concussion during any school-sponsored activity:

- 1) The student will not be allowed to return to play in the current activity or event.
- 2) The student will not be left alone, and should be monitored regularly to check for deteriorating symptoms.
- 3) The school nurse and physical education teachers will be trained in the use of a concussion checklist. Results of all evaluations will be passed on to the student's physician to aid in diagnosis.
- 4) A concussion fact sheet will be given to the student and his/her parent or guardian.
- 5) Parents or guardians will be contacted following an injury. Parental contact information must be up to date in case of an emergency.
- 6) The student will be picked up by a parent or guardian over the age of eighteen (18). The student will not be released on his/her own or to a friend or fellow student.
- 7) If the injury is severe, an ambulance will be called to transport the student to the emergency room. If parents are not present, they will be contacted and instructed to meet the student and the ambulance at the emergency room.
- 8) The incident will be reported to the school nurse and an accident report must be filled out.

**Post-Concussion Management**

Students who have been diagnosed with a concussion require both cognitive and physical rest. Physical rest includes getting adequate sleep, taking frequent rest periods or naps, and avoiding physical activity that requires exertion. Cognitive rest requires that the student avoid participation in, or exposure to, activities that require concentration or mental stimulation.

(Continued)

**SUBJECT: COMPREHENSIVE CONCUSSION MANAGEMENT (Cont'd.)**

Delay in instituting medical provider orders for such rest may prolong recovery from a concussion. Private medical provider's orders for avoidance of cognitive and physical activity and graduated return to activity should be followed and monitored both at home and at school. BOCES officials should consult their Medical Director if further discussion and/or clarification is needed regarding a private medical provider's orders, or in the absence of private medical provider orders. Additionally, children and adolescents are at increased risk of protracted recovery and severe, possible permanent disability or even death if they sustain another concussion before fully recovering from the first concussion. Therefore, it is imperative that a student is fully recovered before resuming activities that may result in another concussion.

Parents/guardians, teachers, and other BOCES staff should watch for signs of concussion symptoms such as fatigue, irritability, headaches, blurred vision, or dizziness reappearing with any type of mental activity or stimulation. If any of these signs and symptoms occurs the student should cease the activity. Return of symptoms should guide whether the student should participate in an activity. Students may exhibit increased difficulties with focusing, memory, learning new information, and/or an increase in irritability or impulsivity. Districts should have internal procedures in place related to transitioning students back to school and for making accommodations for missed tests and assignments.

Initially a student with a concussion may only be able to attend school for a few hours per day and/or need rest periods during the day. Teachers should be aware of the limitations these students may face and the impact it will have on their academic performance. Rigorous mental activity can trigger symptoms and set back a student's recovery. Students may also be frustrated by their inability to perform as well as they could before the concussion. Teachers should consider following the procedure used for an excused absence for making up work and missed tests.

**Return to Play/Return to School**

Once a student diagnosed with a concussion has been symptom free at rest for at least twenty-four (24) hours, a private medical provider may choose to clear the student to begin a graduated return to activities. If the BOCES has concerns or questions about the private medical provider's orders, the BOCES Medical Director, with parental permission, should contact that provider to discuss and clarify.

The BOCES shall follow any directives issued by the student's treating physician with regard to limitations and restrictions on school activities for the student. Orders from the student's physician will be sent to the school nurse. The school nurse may use a plan similar to an individualized healthcare plan, to communicate post-concussion orders to necessary staff and to identify symptoms that may manifest themselves as the student returns to activity. Staff will be instructed to watch for symptoms or changes in behavior. The District's Medical Director may also formulate a standard protocol for treatment of students with concussions during the school day or at school-sponsored events.

Students should be monitored by designated BOCES staff for any return of signs and symptoms of concussion. Staff members should report any observed return of signs and symptoms to the school nurse.

(Continued)

Students

**SUBJECT: STRATEGIES TO PREVENT CONCUSSIONS**

The New York State Education Department (SED) and the New York State Department of Health (DOH) recommend that a specific list of preventative strategies be appended to the Board Policy. Therefore, the BOCES recommends the following strategies to minimize the risk of head injuries in the school setting and during all BOCES sponsored events.

These strategies may include, but are not limited to:

- 1) Activities that present a higher than average risk for concussion should be identified. These may include: extracurricular activities, physical education classes and recess.
- 2) The physical design of facilities and their safety plans should be evaluated to identify potential risks for falls and other injuries.
- 3) Recess should include adult supervision. All playground equipment should be in good repair, with play surfaces composed of approved child safety materials.
- 4) Physical education programs should include plans that emphasize safety practices. Lessons on the need for safety equipment should be taught, along with the correct use of such equipment.
- 5) Rules of play should be reviewed and emphasized before all physical activity is commenced and enforced throughout.



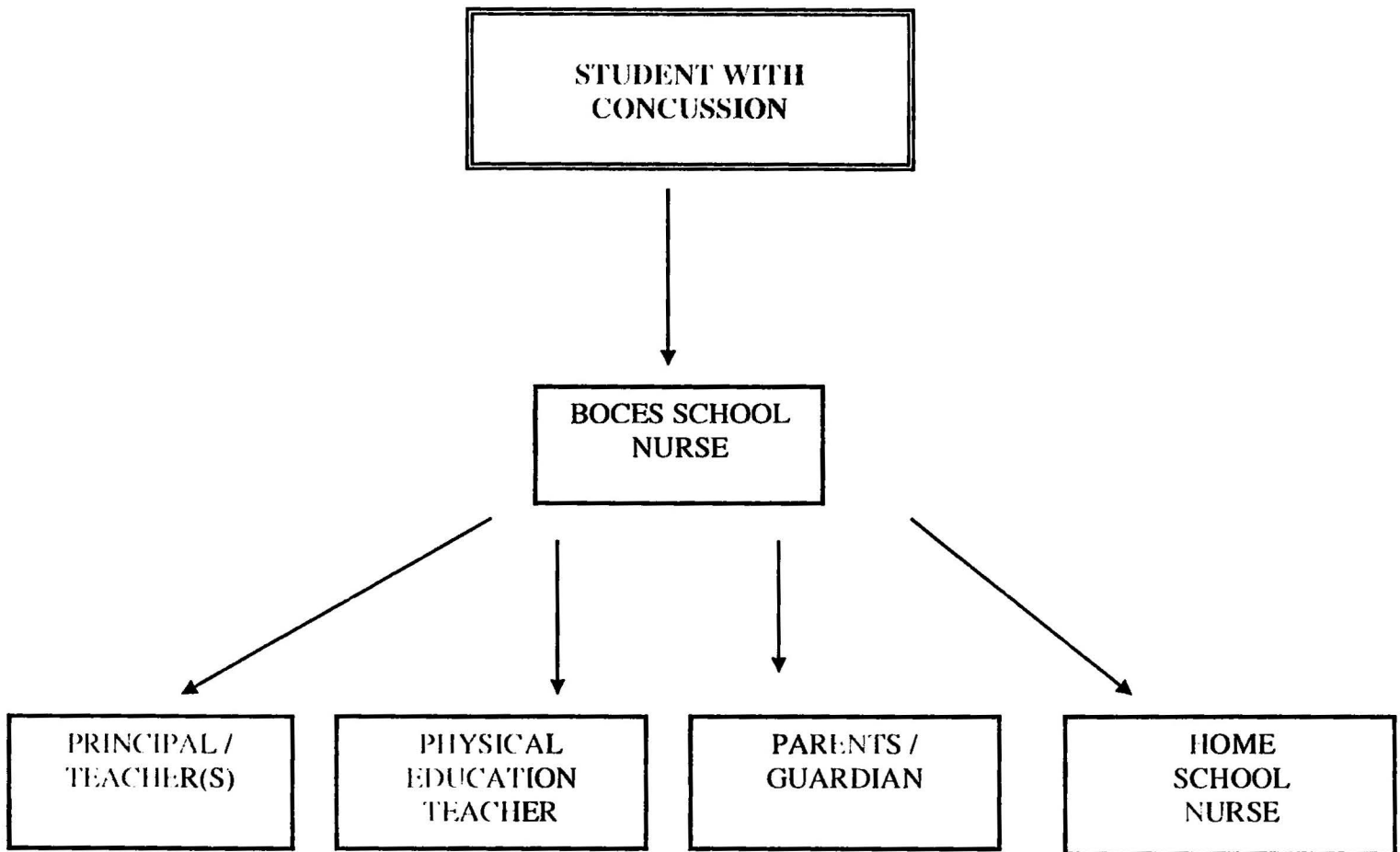
# **APPENDICES**

CAYUGA-ONONDAGA  
**BOCES**

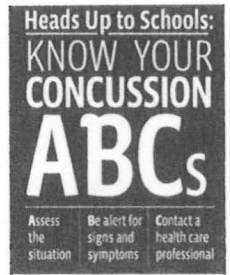
*a celebration of learning*

1879 West Genesee Street Road Auburn, New York 13021

**CONCUSSION MANAGEMENT TEAM FLOW CHART**



# Concussion Signs and Symptoms Checklist



Student's Name: \_\_\_\_\_ Student's Grade: \_\_\_\_\_ Date/Time of Injury: \_\_\_\_\_

Where and How Injury Occurred: *(Be sure to include cause and force of the hit or blow to the head.)* \_\_\_\_\_

Description of Injury: *(Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.)* \_\_\_\_\_

## DIRECTIONS:

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, fifteen minutes later, and at the end of 30 minutes.

**Students who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a health care professional with experience in evaluating for concussion.** For those instances when a parent is coming to take the student to a health care professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the health care professional to review.

OBSERVED SIGNS	0 MINUTES	15 MINUTES	30 MINUTES	<input type="checkbox"/> MINUTES Just prior to leaving
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events <i>prior</i> to the hit, bump, or fall				
Can't recall events <i>after</i> the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or assignments				
<b>PHYSICAL SYMPTOMS</b>				
Headache or "pressure" in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Sensitivity to noise				
Numbness or tingling				
Does not "feel right"				
<b>COGNITIVE SYMPTOMS</b>				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down				
Feeling sluggish, hazy, foggy, or groggy				
<b>EMOTIONAL SYMPTOMS</b>				
Irritable				
Sad				
More emotional than usual				
Nervous				

To download this checklist in Spanish, please visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion). Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

# CAYUGA-ONONDAGA **BOCES**

*a celebration of learning*

1879 West Genesee Street Road Auburn, New York 13021

## **Concussion Information Sheet for Students and Parents**

The following recommendations are standard for all students who suffer from a head injury and are designed to help speed your recovery. Your careful attention to them can also prevent prolonged recovery and further injury. The typical recovery period for a concussion is 7 to 10 days.

- Avoid physical activity – you should not participate in physical education or sports participation until you are headache free for one week. This includes weight training, running, exercising and heavy lifting.
- Get lots of rest. Be sure to get enough sleep at night – no late nights. Keep the same bedtime on the weekdays and weekends. Drink lots of fluids and eat carbohydrates or protein to maintain appropriate blood sugar levels
- Take daytime naps or rest breaks if you feel fatigued or the onset of a headache
- Limit activities that require a lot of thinking or concentration. These activities can make your symptoms worse. This may include limiting class work, homework and job related activity. Avoid prolonged computer use, video gaming, television watching, text messaging, telephone use.
- During recovery, it is normal to feel frustrated and sad when you do not feel right and you cannot be as active as usual.
- Seek re-evaluation as your symptoms will help guide recovery.
- Academic Participation

Because recovering from a concussion can be a gradual process and school work continues while recovery is taking place, it is necessary for students, parents and school personnel to be aware of and consider the following symptoms that a student may demonstrate during recovery:

- Increased difficulty paying attention or concentrating
- Increased problems remembering or learning new information
- Longer time needed to complete tasks or assignments Greater irritability, less able to cope with stress
- Headaches and fatigue that worsens when doing school work

These symptoms are normal, to be expected, and temporary.

### **Physical Activity and Sport Participation**

It is important to avoid all physical activity, in school and out of school, in particular any physical activity that carries a risk of head injury. The likelihood of sustaining a second head injury is greater during the recovery phase of a concussion. Rapid or early return to sports and

play puts you at risk for Second Impact Syndrome which can lead to severe and possibly lethal outcomes. Therefore, it is necessary to follow these recommendations for returning to sports/play:

- You should NEVER return to play if you have any concussion symptoms (see above). This includes symptoms at rest and while doing any physical or mental activity. Be sure the PE teacher, coach and athletic trainer are aware of your injury and ongoing symptoms.
- It is normal to feel frustrated, sad and even angry because you cannot return to sports right away.
- As with any injury, a full recovery will reduce the chances of getting hurt again. It is better to miss one or two games than the whole season.

**Requirements for Academic Accommodations during Recovery**

1. Medical evaluation and side two of this form is completed by student's physician
2. Parental authorization for school nurse and medical advisor to exchange information with student's physician.
3. Student has not been cleared to resume game play (athletics) or other contact/strenuous physical activity.
4. Beyond three weeks, an assessment and recommendation(s) by a neurologist or neurosurgeon.

# CAYUGA-ONONDAGA **BOCES**

*a celebration of learning*

1879 West Genesee Street Road Auburn, New York 13021

## Acute Concussion Care Plan

To be completed by student's physician

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
Date of Injury \_\_\_\_\_ Expected Date of Return to School \_\_\_\_\_

The above student requires the following short term academic supports for proper concussion management in school (checked items apply):

- No educational modifications (always applies when cleared for PE and sports/athletics)
- Shortened day or modified schedule, as indicated
- Extra time to complete coursework, assignments, tests - until review date below.
- No significant classroom testing or standardized testing - until review date below.
- Rest breaks throughout the day as needed at onset of headache.
- Allow dismissal home if headache is above 3 on scale of 1-10 and doesn't resolve after 20-30 minute of rest in quiet area (i.e. school health office).
- No outdoor or indoor recess where running and active or contact play are possible.

The above student should adhere to the following recommendations regarding physical education (PE) and athletic participation (checked items apply):

- Is medically cleared to participate in PE and sports/athletics
- May not return to PE or sports/athletics until further notice
- May gradually return\* to physical activity under the supervision of an appropriate person (e.g. athletic trainer, coach or physical education teacher). Return to play should occur in gradual steps as listed below:
  1. Begin with aerobic exercise only to increase heart rate (walking, light jogging, stationary cycling, light weight lifting – low weight, higher reps, no bench, no squat)
  2. Work to increase heart rate with body/head movement (jogging, brief running, moderate intensity stationary biking, moderate intensity weightlifting – reduced time and reduced weight from typical routine)
  3. Move on to heavy non-contact physical activity (sprinting/running, high intensity stationary biking, regular weightlifting routine, non-contact sport specific drills (in 3 planes of movement)
  4. Return to full contact in controlled practice (before return to full contact in game play).
  5. Return to full contact in game play on or after \_\_\_\_\_

\*Students: pay careful attention to your symptoms, including thinking and concentration skills, at each stage of activity. You should only move on to the next level of activity when you do not experience any symptoms during or after the activity for 2-3 days at the current level. If symptoms do return, please contact me for further medical advice.

These recommendations will be reviewed and updated on \_\_\_\_\_.

Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

# CAYUGA-ONONDAGA **BOCES**

*a celebration of learning*

1879 West Genesee Street Road • Auburn, New York 13021

## PE Teacher Post Concussion Recording Form

\_\_\_\_\_ is status post-concussion. The student is symptom free and is ready to begin "Return to Play/Graduated Progression Program.

PE teacher please read the concussion signs and symptoms listed below to the student. Inform the student that they are to notify you immediately if any of these signs or symptoms develop. Send the student to the nurse that exhibits signs or symptoms.

### Concussion Signs and Symptoms:

- **Signs (observed by others):** Loss of consciousness (any duration), nausea or vomiting, student appears dazed or stunned, student appears confused, student moves clumsily with altered coordination, student has balance problems, student responds slowly to questions, student forgets events.
  
- **Symptoms (reported by athlete):** Headache, fatigue, nausea or vomiting, double vision, blurry vision, sensitive to light or noise, feels sluggish, feels "foggy", problems concentrating, problems remembering.

PE Teacher to complete this portion.

Please sign, date and indicate that you have reviewed information with the student.

### First Attempt Return to Play

Return to play graduated progression	Date	Class Activity	Symptoms
<b>Class One:</b> Light aerobic exercise: walking. No resistance training.			
<b>Class Two:</b> Twenty minutes of increased heart rate through jogging or the use of cardiovascular exercise equipment.			
<b>Class Three:</b> Non-contact individual sport; or 30 min. increased Heart rate activity or drills; Low resistance weight training			
<b>Class Four:</b> Higher resistance wt. training; team controlled drills; no live game play			
<b>Class Five:</b> Full contact training drills and intense aerobic activity.			
<b>Class Six:</b> Full participation in PE class.			

PE Teacher Signature	Student Signature
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

**Second Attempt Return to Play**

Return to play graduated progression	Date	Class Activity	Symptoms
<b>Class One:</b> Light aerobic exercise: walking. No resistance training.			
<b>Class Two:</b> Twenty minutes of increased heart rate through jogging or the use of cardiovascular exercise equipment.			
<b>Class Three:</b> Non-contact individual sport; or 30 min. increased Heart rate activity or drills; Low resistance weight training			
<b>Class Four:</b> Higher resistance wt. training; team controlled drills; no live game play			
<b>Class Five:</b> Full contact training drills and intense aerobic activity.			
<b>Class Six:</b> Full participation in PE class.			

PE Teacher Signature	Student Signature
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

**Third Attempt Return to Play**

Return to play graduated progression	Date	Class Activity	Symptoms
<b>Class One:</b> Light aerobic exercise: walking. No resistance training.			
<b>Class Two:</b> Twenty minutes of increased heart rate through jogging or the use of cardiovascular exercise equipment.			
<b>Class Three:</b> Non-contact individual sport; or 30 min. increased Heart rate activity or drills; Low resistance weight training			
<b>Class Four:</b> Higher resistance wt. training; team controlled drills; no live game play			
<b>Class Five:</b> Full contact training drills and intense aerobic activity.			
<b>Class Six:</b> Full participation in PE class.			



PE Teacher Signature	Student Signature
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

Nurse	Date	PE Teacher	Date
<b>First Attempt Return to Play</b>			
<input type="checkbox"/> Reviewed return to play progression & concussion symptoms.  Signature:		<input type="checkbox"/> Reviewed return to play progression & concussion symptoms.  Signature:	
<b>Second Attempt Return to Play</b>			
<input type="checkbox"/> Reviewed return to play progression & concussion symptoms.  Signature:		<input type="checkbox"/> Reviewed return to play progression & concussion symptoms.  Signature:	
<b>Third Attempt Return to Play</b>			
<input type="checkbox"/> Reviewed return to play progression & concussion symptoms.  Signature:		<input type="checkbox"/> Reviewed return to play progression & concussion symptoms.  Signature:	

**Note:** If the student reports post concussion symptoms during any phase of this return to play progression, the student reports to the nurse for evaluation and brings this form to the nurse. Nurse will monitor.