

## **Bridgehampton Schools**

### **CONCUSSION MANAGEMENT PROTOCOL**

The **Bridgehampton School District** recognizes that concussions and head injuries are commonly reported injuries in children and adolescents who participate in sports and recreational activity and can have serious consequences if not managed carefully. Therefore, the District adopts the following policy to support the proper evaluation and management of head injuries.

Concussion is a mild traumatic brain injury. Concussion occurs when normal brain functioning is disrupted by a blow or jolt to the head. Recovery from concussion will vary. Avoiding re-injury and over-exertion until fully recovered are the cornerstones of proper concussion management.

While district staff will exercise reasonable care to protect students, head injuries may still occur. Physical education teachers, coaches, nurses and other appropriate staff will receive training to recognize the signs, symptoms and behaviors consistent with a concussion. Any student exhibiting those signs, symptoms or behaviors while participating in a school sponsored class, extracurricular activity, or interscholastic athletic activity shall be removed from the game or activity and be evaluated as soon as possible by an appropriate health care professional. The school nurse will notify the student's parents or guardians and recommend appropriate monitoring to parents or guardians.

It is recommended that the physical education (PE) director and/or the athletic director (AD) of a school district insure that all interscholastic athletic competition rules are followed, appropriate safety equipment is used, and rules of sportsmanship are enforced. PE directors should instruct and encourage PE teachers, coaches, and student athletes from initiating contact to another player with their head or to the head of another player. Players should be proactively instructed on sport-specific safe body alignment and encouraged to be aware of what is going on around them. These practices will reduce the number of unexpected body hits that may result in a concussion and/or neck injury. In addition, proper instruction should include the rules of the sport, defining unsportsmanlike conduct, and enforcing penalties for deliberate violations.

If a student sustains a concussion at a time other than when engaged in a school-sponsored activity, the district expects the parent/legal guardian to report the condition to school nurse so that the district can support the appropriate management of the condition.

The student shall not return to school or activity until authorized to do so by an appropriate health care professional. The school's chief medical officer will make the final decision on return to activity including physical education class and after-school sports. Any student who continues to have signs or symptoms upon return to activity must be removed from play and reevaluated by their health care provider.

Upon return to school, the School Nurse will:

- Monitor and assess the student's activities, assessing the student's progress and communicating with the student's private physician/medical provider.
- Collaborate with the district staff as needed in creating accommodations as requested by the student's private physician/medical provider.
- Review the student's private physician/medical provider's written statement to clear a student to return to activities (if the district's medical director has written a policy delegating this to the school nurse).
- Educate students and staff in concussion management and prevention

The Superintendent, in consultation with appropriate district staff, including the chief school medical officer, will develop regulations and protocols to guide the return to activity.

### **Concussion in the Classroom**

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 doesn't 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. Home tutoring will be needed at first in some cases. As the student recovers, he or she may need to attend school part-time or full-time with rest breaks. Academic demands should be reduced to essential material, as the concussed student will typically take longer and use more mental energy to complete the same amount of work as before injury. Other accommodations that can help limit symptoms, reduce academic stress, and promote recovery include extended time and a quiet location for tests, providing the student with copies of class notes, and allowing the student to eat lunch in a quiet room with a few friends instead of in a noisy cafeteria.

Physical education class should be modified to reduce risk of re-injury. After an initial period of rest, the student may be able to participate in physical activities where there is low risk of head injury, such as walking or swimming, as tolerated. Substituting mental activity for physical activity is NOT recommended, as mental exertion can aggravate symptoms. Increased sensitivity to noise or light is also common after concussion, so the student should not be required to stay in a loud or bright gym.

Depending on the severity and duration of concussion-related symptoms and associated academic difficulties, a 504 Plan or IEP may need to be developed and implemented. Collaboration and communication with the medical providers treating the concussed student will foster development of an appropriate plan. Accommodations and activity restrictions will need to be modified according to the student's particular symptoms and the speed of recovery from injury.

## **Bridgehampton Schools**

### **Return to play**

Return to play following a concussion involves a stepwise progression once the individual is symptom free. There are many risks to premature return to play including: a greater risk for a second concussion because of a lower concussion threshold, second impact syndrome (abnormal brain blood flow that can result in death), exacerbation of any current symptoms, and possibly increased risk for additional injury due to alteration in balance. These NYSPHAA current returns to play recommendations are based on the most recent international expert opinion.\* No student athlete should return to play while symptomatic. Students are prohibited from returning to play the day the concussion is sustained. If there is any doubt as to whether a student has sustained a concussion, it should be treated as a concussion. Once the student athlete is symptom free at rest for 24 hours and has a signed release by the treating clinician, she/he may begin the return to play progression below (provided there are no other mitigating circumstances).

Day 1: Light aerobic activity

Day 2: Sport-specific activity

Day 3: Non-contact training drills

Day 4: Full contact practice

Day 5: 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 and with provocative exercise. If any post-concussion symptoms occur while in the stepwise program, then the student should drop back to the previous asymptomatic level and try to progress again after a further 24-hour period of rest has passed.

[These NYSPHAA current Return to Play recommendations are based on the most recent international expert opinion.\*]

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**CONCUSSION CHECKLIST**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

**On Site Evaluation**

Description of Injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the athlete ever had a concussion?	Yes	No	
Was there a loss of consciousness?	Yes	No	Unclear
Does he/she remember the injury?	Yes	No	Unclear
Does he/she have confusion after the injury?	Yes	No	Unclear

**Symptoms observed at time of injury:**

Dizziness	Yes	No	Headache	Yes	No
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**BRIDGEHAMPTON UFSD**

**Policy #5280-E**

Ringing in Ears	Yes	No	Nausea/Vomiting	Yes	No
Drowsy/Sleepy	Yes	No	Fatigue/Low Energy	Yes	No
“Don’t Feel Right”	Yes	No	Feeling “Dazed”	Yes	No
Seizure	Yes	No	Poor Balance/Coord.	Yes	No
Memory Problems	Yes	No	Loss of Orientation	Yes	No
Blurred Vision	Yes	No	Sensitivity to Light	Yes	No
Vacant Stare/ Glassy Eyed	Yes	No	Sensitivity to Noise	Yes	No

\* Please circle yes or no for each symptom listed above.

Other Findings/Comments: \_\_\_\_\_  
\_\_\_\_\_

Final Action Taken:                      Parents Notified                      Sent to Hospital

Evaluator’s Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**PHYSICIAN EVALUATION**

**Date of First Evaluation:** \_\_\_\_\_ **Time of Evaluation:** \_\_\_\_\_

**Date of Second Evaluation:** \_\_\_\_\_ **Time of Evaluation:** \_\_\_\_\_

**Symptoms Observed: First Doctor Visit**

**Second Doctor Visit**

Dizziness	Yes	No	Yes	No
Headache	Yes	No	Yes	No
Tinnitus	Yes	No	Yes	No
Nausea	Yes	No	Yes	No
Fatigue	Yes	No	Yes	No
Drowsy/Sleepy	Yes	No	Yes	No
Sensitivity to Light	Yes	No	Yes	No
Sensitivity to Noise	Yes	No	Yes	No
Anterograde Amnesia <i>(after impact)</i>	Yes	No	N/A	N/A
Retrograde Amnesia <i>(backwards in time from impact)</i>	Yes	No	N/A	N/A

\* Please indicate yes or no in your respective columns. First Doctor use column 1 and second Doctor use column 2.

**First Doctor Visit:**

**Did the athlete sustain a concussion? (Yes or No) (one or the other must be circled)**

**\*\* Post-dated releases will not be accepted. The athlete must be seen and released on the same day.**

**Please note that if there is a history of previous concussion, then referral for professional management by a specialist or concussion clinic should be strongly considered.**

Additional Findings/Comments: \_\_\_\_\_

\_\_\_\_\_

Recommendations/Limitations: \_\_\_\_\_

\_\_\_\_\_

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

Print or stamp name: \_\_\_\_\_ Phone number: \_\_\_\_\_

\_\_\_\_\_

**Second Doctor Visit:**

**\*\*\* Athlete must be completely symptom free in order to begin the return to play progression. If athlete still has symptoms more than seven days after injury, referral to a concussion specialist/clinic should be strongly considered.**

Please check one of the following:

- Athlete is asymptomatic and is ready to begin the return to play progression.
- Athlete is still symptomatic more than seven days after injury.

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

Print or stamp name: \_\_\_\_\_ Phone number: \_\_\_\_\_

\_\_\_\_\_

**Adopted: October 22, 2014**