

CONCUSSION MANAGEMENT and AWARENESS ACT

*Section 136.5 of the Regulations
of the Commissioner of Education*



**WHY THE NEED FOR A
CONCUSSION MANAGEMENT
AND AWARENESS ACT?**



ADOLESCENT CONCUSSIONS:
*It's more than just a bump on
the head*

REMEMBER THE
GOOD OLD DAYS WHEN
WE PLAYED SPORTS
AND NEVER WORRIED
IF WE GOT CONCUSSIONS?



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NO.



MOORE
2/21

CONCUSSION

a mild traumatic brain injury that occurs when normal brain functioning is disrupted by a blow or jolt to the head or body

CONCUSSIONS

- **Common but serious TBI**
- **Metabolic brain event**
- **Individual S & S**
- **Don't have to have a LOC (10%)**
- **Not evident on CT-scan / x-ray**

SIGNS & SYMPTOMS

- **Somatic**
- **Cognitive**
- **Affective**
- **Sleep**
- **Mild – severe**
- **Can last for hours, days, weeks, or even month.**

S & S OF A CONCUSSION

- **SOMATIC**

- Headaches
- Dizziness
- Balance issues
- Nausea
- Visual disturbances
- Photophobia
- Phonophobia

- **COGNITIVE**

- Confusion
- Amnesia
- Mentally foggy
- Inability to focus
- Delayed V/M response
- Slurred speech
- Drowsiness
- LOC

S & S OF A CONCUSSION

- **AFFECTIVE**

- Emotional issues
- Irritability
- Fatigue
- Anxiety
- Sadness

- **SLEEP**

- Trouble falling asleep
- Sleeping more
- Sleeping less

THE LAW

- **Passed September 19, 2011**
- **Effective date July 1, 2012**
- **Regulations**
 - **SED**
 - **Implement the law**
- **Guidelines**
 - **SED / DOH**
 - **Reviewed by stakeholders**
 - **Rules for regulations**

GUIDELINES

- **The nuts and bolts**
- **Over 20 page document**
- **Very detailed**
- **DOE / DOH written**
- **Edits by numerous stakeholders**
- **Blueprint for CMP**

PROVISIONS OF THE LAW

- **Implementation**
- **Course of instruction**
- **Information on mild TBI**
- **Concussion management team**
- **Removal from athletic activities**
- **Limitations / restrictions on school attendance**

WHO MUST IMPLEMENT?

- **Mandatory for public school districts / charter schools**
- **Voluntary for non-public schools**
- **Sets minimum standards**

COURSE OF INSTRUCTION

- **DOE mandated online course**
 - **Completed biennially**
 - **Coaches / PE instructors course**
 - **ATCs / Nurses course**
 - **Local course**

INFORMATION ON MILD TBI

- **DOE website**
- **School permission or consent form**
 - **Must include information**
 - **Must reference DOE or DOH websites or school website**

CONCUSSION MANAGEMENT TEAM

- **Oversee & implement CMP**
- **Athletic director**
- **Chief medical officer**
- **ATC**
- **Pupil personnel**
- **Nurse**

EFFECT ON ATHLETIC ACTIVITIES

- **Immediate removal**
- **Symptom-free for 24 hours**
- **Eval & authorization from MD**
 - **Physical limitations & restrictions**
 - **Current authorization**

RETURN TO PE/ATHLETICS

- **Must be symptom-free**
- **MD approval**
- **CMO approval**
- **Pass ImPact test (HS)**
- **Individualized**
- **Younger more conservative**
- **6-step gradual return to activities**
 - **Symptoms return stop process**

RETURN TO PHYSICAL ACTIVITIES PROTOCOL

- **Phase I** - Light aerobic exercise
- **Phase II** - Low-impact aerobic activities
- **Phase III** - Sport-specific non-contact activities
- **Phase IV** - Sport-specific activities, non-contact drills
- **Phase V** - full contact sport-specific training drills
- **Phase VI** - return to full activities without restrictions

CONCERNS / ISSUES

- RTPA decisions
- Non-school TBIs
- Travel teams
- Dr. shopping
- Parents

EFFECT ON ACADEMIC ACTIVITIES

- **MD's restrictions / limitations**
- **Absences from school**
- **Possible decreased workload**
- **Extra time allotted**
- **Possible 504**

RETURN TO SCHOOL

- Individualized
- Younger more conservative
- Manage cognitive exertion
- Cognitive rest
 - Don't aggravate symptoms
 - Avoid mental exerting activities
- Accommodations needed
- 504 plan in persistent cases

THINGS THAT MAY AGGRAVATE SYMPTOMS

- Computer work
- Watching TV
- Using cell phone
- Using nooks or kindles
- Reading
- Playing video games
- Text messaging

WATCH OUT FOR

- **Inc. problems concentrating**
- **Inc. problems remembering new info**
- **Inc. time completing tasks**
- **Inc. headache/fatigue while working**
- **Inc. irritability**
- **Dec. academic performance**

RETURN TO SCHOOL SUPPORTS

- **Time off from school**
- **Shortened day**
- **Shorter classes**
- **Rest periods during the day**
- **Ext. time to complete assignments**
- **Reduce work load**
- **Untimed tests**
- **No significant classroom/std. testing**

WHAT HAVE WE DONE

- **Established policy on concussion management**
- **Wrote regulations & procedures on concussion management**
- **Improved communication between CMO, Nurses & ATC**
- **Enhanced the RTPAP**
- **Enhanced info given to parents / students**
- **Educated staff about policy**
- **Trained PE instructors/coaches on RTPAP**

WHAT NEEDS TO BE DONE

- Review emergency action plan with each building
- Place info on website
- Set-up concussion management team

CONCLUSIONS

***“each concussion should
be treated individually”***

***“don’t take
concussions
lightly.....they are a
mild traumatic brain
injury”***

***“youth brain more
sensitive and
vulnerable”***

***“pediatric concussions
differ from adult
concussions”***

“team approach needed”

***“when in doubt,
sit them out”***

THANK YOU