

CONCUSSION MANAGEMENT

The Board of Education of the South Colonie Central School District recognizes that concussions and head injuries are the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. Therefore, the District adopts the following policy and guidelines to assist in 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.

Any student demonstrating signs and symptoms or behaviors consistent with a concussion while participating in a school-sponsored class, extracurricular activity, or interscholastic athletic activity, shall be removed from the game, activity and class (if appropriate), and be evaluated as soon as possible by an appropriate health care professional. The District shall notify the student's parents or guardians and recommend appropriate monitoring to parents or guardians.

The student should not return to school or activity until released by an appropriate health care professional. The school's Chief Medical Officer will be responsible for the final decision on return to activity, including academic classes, physical education class and after-school physical activities and interscholastic athletics. Any student who continues to have signs or symptoms upon return to activity must be removed from play or class and re-evaluated by their health care provider.

The Superintendent, in concert with the Athletic Director, medical professionals, certified athletic trainers, and appropriate staff members, shall develop regulations to implement this policy.

Reference: Concussion Management and Awareness Act
8 NYCRR §§ 135.4(c)(4); 135.4(c)(7)(i)
Education Law § 8351
Return to Learn After a Concussion: A Guide for Teachers and School
Professionals (Ann & Robert H. Lurie, Children's Hospital of Chicago
Institute for Sports Medicine)

Adopted: March 20, 2012

Revised: June 27, 2017; June 19, 2018; September 10, 2019

CONCUSSION MANAGEMENT REGULATION
RETURN TO PARTICIPATION

Purpose

This concussion regulation is designed to help the South Colonie Central School District react to suspected concussed students/athletes in an efficient and objective manner. By following this protocol, the school will be able to provide efficient treatment to make the student/athlete health a priority while also being able to assist the student/athlete in returning to competition as quickly as possible following appropriate safety protocols.

Education

Concussion education should be provided for all administrators, teachers, coaches, school nurses, athletic trainers, and school counselors. Education of parents should be accomplished through pre-season meetings for sports and/or information sheets provided to parents. Education should include, but not be limited to, the definition of concussion, signs and symptoms of concussion, how concussions may occur, why concussions are not detected with CT Scans or MRIs, management of the injury, and the protocol for return to school and return to activity or interscholastic athletics. The protocols will cover all students returning to school after suffering a concussion regardless of whether the accident occurred outside of school or while participating in a school activity.

Concussion Management Program

The Concussion Management and Awareness Act, specifically Chapter 496 of the Laws of 2011, requires the Commissioner of Education, in conjunction with the Commissioner of Health, to promulgate rules and regulations related to students who sustain a concussion, also known as a Mild Traumatic Brain Injury (MTBI), at school and at any District-sponsored event or related activity. These guidelines for return to school and certain school activities apply to all public school students who have sustained a concussion regardless of where the concussion occurred. The law also requires that School Coaches, Physical Education Teachers, School Nurses, and Certified Athletic Trainers complete a New York State Education Department (NYSED) approved course on concussions and concussion management every two (2) years. Finally, the law requires that students who sustained, or are suspected to have sustained, a concussion during athletic activities are to be immediately removed from such activities. Students may not return to athletic activities until they have been symptom-free for a minimum of 24 hours and have been evaluated by, and receive written and signed authorization to return to activities from a licensed physician.

In order to implement a successful program the following steps are needed:

1. The South Colonie Board of Education adopt a concussion management policy.
2. A Concussion Management Team (CMT) be created consisting of the Director of Athletics, District Nurse Coordinator, Athletic Trainer, a Varsity Coach designated by the Athletic Director, Varsity Football Coach and a School Principal or Designee, School Physical Education Coordinator ~~and~~ of the appropriate level and the School District Physician.

3. Develop a communication protocol to ensure all stakeholders are informed of an injury.
4. Develop a Return-to-Play protocol clearly outlining from a symptom-free approach to a progressive exercise routine. This multi-day regimen would lead to the student-athletes return to competition.
5. The purchase of a baseline assessment tool to test the designated athletic teams who have a higher risk for concussion.
6. Locate a space with computer access for testing.
7. Develop a team testing schedule for the targeted athletic teams.
8. Provide professional development for School Nurses, Certified Athletic Trainers, Physical Education Teachers, and Coaches have completed the NYSED-approved, required training course. Certified Athletic Trainers and School Nurses must complete the Department-approved course for School Nurses and Athletic Trainers every two (2) years. NYSED has approved the course Heads Up to Clinicians for these professions, which is a free web-based course developed by the CDC. Information regarding the course is available at <https://www.cdc.gov/headsup/providers/training/index.html>. Coaches and PE Teachers must complete the Department-approved course for coaches and PE Teachers every two (2) years. NYSED has approved the course Heads Up, Concussion in Youth Sports for these professions, which is a free web-based course that has been developed by the CDC. It is available at <http://nfhslearn.com/courses/61064/concussion-in-sports>.
9. Set up testing procedures for the student-athletes and supervision responsibilities for the coaches.

Concussion Management Team

The District will maintain a Concussion Management Team (CMT). The CMT may be made up of the following members:

- Director of Athletics, Chair
- Athletic Trainer
- District Nurse, Coordinator
- Coach Designated by Athletic Director
- Varsity Football Coach
- School Physical Education Coordinator (appropriate level)
- School District Physician
- School Principal or Designee (RTL scenarios)

The District's CMT should recommend and coordinate training for all administrators, teachers, coaches and parents. Training shall be mandatory for all coaches, assistant coaches, volunteer coaches, Physical Education Teachers, and activity advisors that work with students. In addition, information related to concussions shall also be included at parent meetings as well as provided to

parents at the beginning of sports seasons through the athletic handbook. Parents need to be aware of the school district's policy and how these injuries will ultimately be managed by school officials. The Concussion Management Team shall:

- Keep all coaches and faculty up to date on concussion management and RTP (Return to Participation) protocol.
- Select a point person to act as the leader and liaison to the CMT.
- Help identify concussed students and monitor care along with return to school and interscholastic athletic participation.
- Reinforce that the School District Physician has the authority and responsibility to approve all return to participate releases (working with the student's Primary Care Physician if the student has one).

Training shall include: signs and symptoms of concussions, post-concussion and second impact syndromes, return to participate and school protocols, and available area resources for concussion management and treatment. Particular emphasis should be placed on the fact that **no** student will be allowed to return to participate the day of injury and also that **all** students should obtain appropriate medical clearance prior to returning to participate in an activity or return to school.

The CMT will act as a liaison for any student returning to school and/or participation following a concussion. The CMT will review and/or design an appropriate plan for the student while the student is recovering.

Return to Physical Activity Protocol

Once a student diagnosed with a concussion has been symptom free at rest for at least 24 hours, a private licensed physician may choose to clear the student to begin a graduated return to activities. If the District has concerns or questions about the private medical provider's orders, the District Medical Director should contact that provider to discuss and clarify. Additionally, the Medical Director has the final authority to clear students to participate in or return to physical activities in accordance with 8NYCRR 135.4(c)(7)(i).

Students should be monitored by District staff daily following each progressive challenge, physical or cognitive, for any return of signs and symptoms of concussion. Staff members should report any observed return of signs and symptoms to the school nurse, certified athletic trainer, or administration in accordance with District policy. A student should only move to the next level of activity if they remain symptom free at the current level. Return to activity should occur with the introduction of one new activity each 24 hours. If any post-concussion symptoms return, the student should drop back to the previous level of activity, then re-attempt the new activity after another 24 hours have passed. A more gradual progression should be considered based on individual circumstances and a private medical provider's or other specialist's orders and recommendations.

The following is the recommended return to physical activity protocol based upon the 2018 New York State Concussion Management Guideline.

Graduated Return to Sport Strategy - 5 Stages

1. Limited daily activities that do not provoke symptoms. Gradual reintroduction of work/school activities
2. Light aerobic exercise walking or stationary cycling at slow to medium pace. Essentially this can be described as no resistance training to increase heart rate.
3. Sport-specific exercise running or skating drills. This can be described as head impact activities to add movement.
4. Non-contact training drills, harder training drills, e.g., passing drills. Description may include progressive resistance training exercise, coordination and increased thinking.
5. Full contact practice following medical clearance, participate in normal training activities. Restore confidence and assess functional skills by coaching staff to return to normal game play.

NOTE: An initial period of 24–48 hours of both relative physical rest and cognitive rest is recommended before beginning the RTS progression. There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen during exercise, the athlete should go back to the previous step. Resistance training should be added only in the later stages (stage 3 or 4 at the earliest). If symptoms are persistent (e.g., more than 10–14 days in adults or more than 1 month in children) the athlete should be referred to a health care professional who is an expert in the management of concussions.

Diagnostic Test Administration

In order to better manage concussions sustained by student-athletes, the District has acquired a software tool called IMPACT (Immediate Post Concussion Assessment and Cognitive Testing). IMPACT is a computerized neurocognitive assessment tool to help licensed healthcare providers evaluate and manage a suspected concussion. A computerized exam is given to athletes before beginning contact sport practice or competition. Essentially, the IMPACT test is a pre-season physical of the brain. It tracks information such as memory, reaction time, speed, and concentration.

With the understanding that test results are valid for two years as a guiding principle, in Grades 7, 9 and 11, in the designated sports listed below should be administered the ImpACT Test.

Fall:	Football (all levels), Boys/Girls Soccer (all levels), Cheerleading and Volleyball
Winter:	Wrestling, Ice Hockey, Cheerleading, Boys/Girls Basketball (High School), Indoor Track (pole vault, events involving hurdles, sprinters)
Spring:	Boys/Girls Lacrosse (all levels), Baseball, Softball, Track (pole vault, events involving hurdles, sprinters, discus, shot put)

Additionally, any athletes new to the District should be administered the ImpACT Test.

Adopted: March 20, 2012

Revised: June 27, 2017; June 19, 2018; September 10, 2019

CONCUSSION MANAGEMENT REGULATION
RETURN TO LEARN

Purpose

This concussion regulation is designed to help the South Colonie Central School District react to suspected concussed students in an efficient and objective manner. By following this protocol, the school will be able to provide efficient treatment to make the student health a priority while also being able to assist the student in returning to the classroom full-time as quickly as possible following appropriate safety protocols.

Education

Concussion education should be provided for all Administrators, Teachers, Coaches, School Nurses, Athletic Trainers, and School Counselors. Education of parents should be accomplished through pre-season meetings for sports and/or information sheets provided to parents. Education should include, but not be limited to, the definition of concussion, signs and symptoms of concussion, how concussions may occur, why concussions are not detected with CT Scans or MRIs, management of the injury, and the protocol for return to school and return to activity or interscholastic athletics. The protocols will cover all students returning to school after suffering a concussion regardless of whether the accident occurred outside of school or while participating in a school activity.

Concussion Management Program

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In order to implement a successful program the following steps are needed:

1. The South Colonie Board of Education adopt a concussion management policy.
2. General return to learn protocols should be developed and implemented by level; Grades P-4, Grades 5-6, Grades 7-8, and Grades 9-12.

Return to Learn Protocols – Grades P-4

1. School Nurse receives medical provider written note stating the student has concussion/mild traumatic brain injury.

2. School Nurse sends concussion letter to parent with additional RTL/RTP forms and parent symptom checklist.
3. School Nurse notifies teachers, Physical Education Teacher, and Lunch/Recess Supervisors.
4. RTL protocol initiated based on note from doctor and/or feedback from parents, student and teachers. May require brief meeting with Guidance Counselor, parent(s), student and School Nurse.
5. School Nurse receives note from medical provider clearing the student to return to full activity.
6. School Nurse notifies the teachers to confirm that there are no more academic accommodations.
7. School Nurse informs the Physical Education teacher that the student is symptom-free per parent, student and medical provider.
8. RTP protocol initiated by the Physical Education teacher providing the student has been symptom-free for a minimum of 24 hours.
9. RTP protocol is completed and form has been delivered to the School Nurse. A copy will be kept in the student's health record, (hard copy and/or electronic) and the Physical Education Teacher will retain a copy as well.
10. Teachers and lunch/recess supervisors are notified that the student is cleared to resume full activity.

Return to Learn Protocols – Grades 5-6

1. School Nurse receives medical provider written note stating the student has a concussion/mild traumatic brain injury.
2. Nurse will enter concussion diagnosis under "Conditions" in the SNAP (electronic software program) along with the date and list priority as "medium".
3. School Nurse sends concussion letter to parent with additional RTL/RTP forms and parent symptom checklist.
4. School Nurse notifies teachers, Physical Education Teacher, and Lunch/Recess Supervisors.
5. RTL protocol initiated based on note from doctor and/or feedback from parents, student and teachers. May require brief meeting with Guidance Counselor, parent(s), student and School Nurse.
6. School Nurse receives note from medical provider clearing the student to return to full activity.

7. School Nurse notifies teachers to confirm that there are no more academic accommodations.
8. School Nurse informs Physical Education teacher that student is symptom-free per parent, student and medical provider.
9. RTP protocol initiated by the Physical Education teacher providing that the student has been symptom-free for a minimum of 24 hours.
10. RTP protocol is completed and form has been delivered to the School Nurse. A copy will be kept in the student's health record (hard copy and/or electronic) and the Physical Education teacher will retain a copy as well.
11. Teachers and lunch/recess supervisors are notified that student is cleared to resume full activity.

Return to Learn Protocols – Grades 7-8

1. School Nurse receives medical provider written note stating the student has a concussion/mild traumatic brain injury.
2. Nurse will enter concussion diagnosis under "Conditions" in the SNAP (electronic software program) along with the date and list priority as "medium".
3. School Nurse sends concussion letter to parent with additional RTL/RTP forms and parent symptom checklist.
4. School Nurse notifies Guidance Counselor, Physical Education Teacher and Lunch/Recess Supervisors.
5. Guidance Counselor notifies all teachers on student team.
6. School Nurse notifies Physical Education teacher and lunch/recess supervisors. Athletic Trainer will be notified if student is on a sports team.
7. RTL protocol initiated based on note from doctor and/or feedback from parents, student and teachers. May require brief meeting with Guidance Counselor, parent(s), student and School Nurse.
8. School Nurse receives note from medical provider clearing the student to return to full activity.
9. School Nurse notifies Guidance Counselor who will verify with teachers that there are no more academic accommodations.
10. RTP protocol initiated by Physical Education Teacher or Athletic Trainer providing student has been symptom-free for a minimum of 24 hours.

11. If a student begins the protocol with a coach and the season ends prior to completion of the RTP protocol, the protocol will be completed by the Physical Education teacher. The coach will need to let the Physical Education teacher and the School Nurse know.
12. RTP protocol is completed and form has been delivered to the School Nurse. A copy will be kept in the student record (hard copy and/or electronic) and the Physical Education teacher or Athletic Trainer will retain a copy as well.
13. Guidance Counselor is notified that student is cleared to resume full activity, who will in turn notify all other stakeholders.

Return to Learn Protocols – Grades 9-12

1. School Nurse receives medical provider written note stating the student has a concussion/mild traumatic brain injury.
2. Nurse will enter concussion diagnosis under "Conditions" in SNAP along with the date and list priority as "medium".
3. School Nurse sends concussion letter to parent with additional RTL/RTP forms and parent symptom checklist.
4. School Nurse notifies Guidance Counselor and Athletic Trainer and/or Physical Education teacher.
5. Guidance Counselor notifies all teachers.
6. RTL protocol initiated based on note from doctor and/or feedback from parents, student and teachers. May require brief meeting with Guidance Counselor, parent, student and School Nurse.
7. School Nurse receives note from medical provider clearing the student to return to full activity.
8. RTP protocol initiated by Physical Education teacher or Athletic Trainer providing student has been symptom-free for a minimum of 24 hours.
9. RTP protocol is completed and form has been delivered to the School Nurse. A copy will be kept in the student record and the Physical Education teacher or Athletic Trainer will retain a copy as well.
10. Guidance Counselor is notified that student is cleared to resume full activity, who will in turn notify all other stakeholders.

Return To Learn (RTL) Protocol After Concussion/Mild Traumatic Brain Injury

Note: More than 80% of concussions successfully resolve within 4-6 weeks. Factors which increase the risk for prolonged recovery include: history of previous concussion, migraines, learning disabilities, ADHD, ADD, depression, anxiety, and psychological trauma.

Stage	Progression of Stages	Description of Stages	School Based Intervention/ Individualized RTL Plan
1	<u>Home:</u> Rest (24-48 hours)	<ul style="list-style-type: none"> ▪ Limit cognitive/physical exertion. ▪ Limit computer, texting, video games, etc. ▪ No homework. ▪ Stay at home, no school. ▪ No driving. 	<ul style="list-style-type: none"> ▪ Encourage student to rest brain and body as prescribed by medical professionals. ▪ Medical documentation of concussion is required for school, to be given to the School Nurse. ▪ No school expectations regarding attendance and academic output.

Stage	Progression of Stages	Description of Stages	School Based Intervention/ Individualized RTL Plan
2	<u>Home:</u> Light Mental Activity	<ul style="list-style-type: none"> ▪ Cognitive activity as tolerated; aim for 30-minute periods. ▪ Take frequent breaks. ▪ Stay at home. ▪ Limited peer contact. ▪ No driving. 	<ul style="list-style-type: none"> ▪ No school attendance continued; commence academic work as tolerated. ▪ Teacher/Counsellor to monitor/keep in touch with the student while at home. ▪ RTL planning meeting to occur with student, parent(s)/guardian(s), and school staff, including the School Nurse prior to student’s progression to Stage 3. ▪ Initiate Homebound Instruction referral if student is unable to return to school. ▪ <u>Note:</u> Timeframe for returning to school will vary, according to the student’s symptoms. The student does not need to be 100% symptom-free to commence a part-time return to school.
<p>Student to progress to next stage when able to manage up to 60 minutes cognitive exertion (in 30-minute intervals) without exacerbating symptoms.</p>			

Stage	Progression of Stages	Description of Stages	School Based Intervention/ Individualized RTL Plan
3	<p><u>School:</u> Part-Time</p> <ul style="list-style-type: none"> ▪ Maximum Learning Accommodations ▪ Shortened Day/Schedule ▪ Built-in Breaks 	<ul style="list-style-type: none"> ▪ Provide quiet place for scheduled cognitive rest. ▪ No classroom or standardized testing. ▪ No homework. ▪ Provide extra time and adapt assignments. ▪ Access to learning support as required. ▪ Limited school-based, extra-curricular activities, to provide opportunities for social contact. 	<ul style="list-style-type: none"> ▪ RTL plan implemented. ▪ School staff provided with written RTL plan. ▪ Ongoing monitoring and adjustment of RTL plan as needed. ▪ Monitor student’s emotional adjustment. ▪ Emphasis on in-school learning, as rest is necessary once outside of school. ▪ Consider exemption from assemblies, and classes such as Band/Choir/Tech) due to excessive noise and safety concerns. ▪ <u>Note:</u> If a student is not progressing beyond Stage 3 within a 4-6 week period, the student’s family should be advised to seek further medical advice.
<p>Student to progress to next stage when able to manage 120 minutes cognitive exertion (in 30-45 minute intervals) without exacerbating symptoms.</p>			

Stage	Progression of Stages	Description of Stages	School Based Intervention/ Individualized RTL Plan
4	<p><u>School:</u> Part-Time</p> <ul style="list-style-type: none"> ▪ Moderate Learning Accommodations ▪ Time spent at school increased 	<ul style="list-style-type: none"> ▪ No standardized testing. ▪ Limited classroom testing with adaptations. ▪ Moderate decrease of extra time and adaptation of assignments. ▪ Continued access to learning support, as required. ▪ Homework up to 30 minutes daily. 	<ul style="list-style-type: none"> ▪ Ongoing monitoring and adjustment of RTL plan as needed. ▪ Monitor student’s emotional adjustment. ▪ Arrange access to a separate, quiet space for testing to limit distractions.
<p>Student to progress to next stage when able to manage 240 minutes cognitive exertion (in 45-60 minute intervals) without exacerbating symptoms.</p>			

Stage	Progression of Stages	Description of Stages	School Based Intervention/ Individualized RTL Plan
5	<p><u>School</u>: Full-Time</p> <ul style="list-style-type: none"> ▪ Minimal Learning Accommodations ▪ Full-time attendance at school 	<ul style="list-style-type: none"> ▪ No standardized testing. ▪ Classroom testing with adaptations: 1 test per day. ▪ Continued decrease of extra time and adaptation of assignments. ▪ Students may require ongoing learning support in academically challenging subjects. ▪ Gradually increase amount of homework (up to 60 minutes daily). ▪ Continued increase in participation of school-based, extra-curricular activities. 	<ul style="list-style-type: none"> ▪ Ongoing monitoring and adjustment of RTL plan as needed. ▪ Construct a plan to finish completing essential missed academic work, and keep stress levels low. ▪ Accommodations are removed when student can function fully without them. ▪ Monitor student’s emotional adjustment. ▪ Student may begin attending assemblies, and classes previously restricted due to noise (e.g. Band /Chorus/Tech). ▪ Assess student’s ability to tolerate and participate in previously restricted classes such as Woodwork, Mechanics, Metalwork, etc.
<p>Student to progress to next stage when able to attend school full-time and without learning accommodations.</p>			

Stage	Progression of Stages	Description of Stages	School Based Intervention/ Individualized RTL Plan
6	<p><u>School</u>: Full-Time</p> <ul style="list-style-type: none"> ▪ No Learning Accommodations ▪ Full-time attendance at school 	<ul style="list-style-type: none"> ▪ Attends all classes. ▪ Full homework. ▪ Full extracurricular involvement. ▪ Resumes all previously restricted testing activities. 	<ul style="list-style-type: none"> ▪ Medical clearance is required for a student’s participation in PE and should be given to the School Nurse. ▪ A gradual Return to Play (RTP) progression should be completed as indicated by the student’s health care provider and written medical clearance by a medical professional or health care provider must be provided to the school.
<p>REMEMBER: Tolerance and progression is individual – all concussions are different.</p> <ul style="list-style-type: none"> ▪ Students may start at any stage as symptoms dictate and may remain at that step as long as needed or return to previous stage if symptoms worsen. ▪ Exacerbation of symptoms may prolong concussion recovery. ▪ Time intervals used for progression through stages should be used as a guide only. 			

General Student/PE/Athletics/RTP Progression

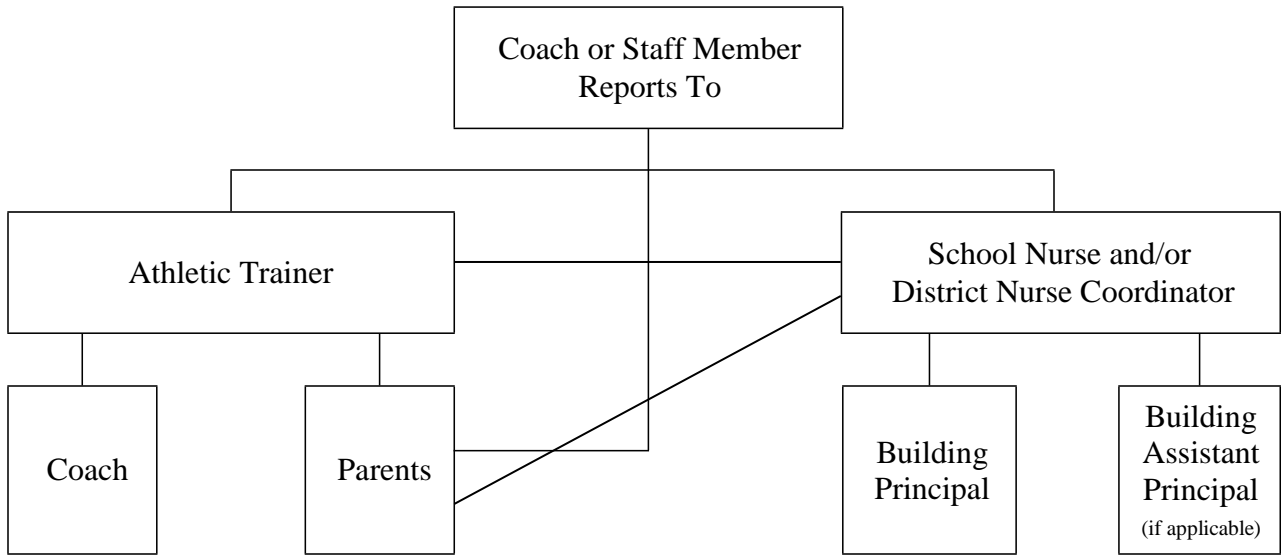
Phase	Activity	Objective
1	<ul style="list-style-type: none"> ▪ Walking/stationary bike, 20-30 minutes 	<ul style="list-style-type: none"> ▪ Perceived Exertion: Easy ▪ Minimal head movement ▪ Minimal distraction (quiet environment), if possible
If tolerated without return of symptoms over a 24 hour period proceed to:		
2	<ul style="list-style-type: none"> ▪ Jogging/stationary bike at a medium pace, 20-30 minutes ▪ Planks: 3 x 30 seconds ▪ Wall sit: 3 x 1minute ▪ Lunge walks: 3 x 20 	<ul style="list-style-type: none"> ▪ Perceived Exertion: Mild ▪ Normal head movement ▪ Low level cognitive exertion (busy environment)
If tolerated without return of symptoms over a 24 hour period proceed to:		
3	<ul style="list-style-type: none"> ▪ Jogging/stationary bike/elliptical at fast pace, 30-40 minutes ▪ May begin weight training on machines & body weight exercises ▪ No overhead free weights (total of 20 minutes) 	<ul style="list-style-type: none"> ▪ Perceived Exertion: Moderate ▪ Increased head motion and rotation ▪ Increased body positional changes ▪ Moderate level of multitasking
If tolerated without return of symptoms over a 24 hour period proceed to:		
4	<ul style="list-style-type: none"> ▪ Running/stationary bike/elliptical at fast pace, 30-40 minutes ▪ May begin weight training with free weights, no overhead free weights ▪ Fitness classes such as yoga, Zumba, Pilates, Spin, etc. 	<ul style="list-style-type: none"> ▪ Perceived Exertion: Hard/Intense ▪ High level of multitasking ▪ Non-contact
If tolerated without return of symptoms over a 24 hour period proceed to:		
5	<ul style="list-style-type: none"> ▪ Cardio of choice, 30-40 minutes ▪ Resume normal weight training ▪ Resume normal fitness classes 	<ul style="list-style-type: none"> ▪ Perceived Exertion: Hard/Intense ▪ Full participation in a controlled environment
If tolerated without return of symptoms over a 24 hour period proceed to:		
6	<ul style="list-style-type: none"> ▪ Full participation in class activities 	<ul style="list-style-type: none"> ▪ Return to full participation

Adopted: March 20, 2012

Revised: June 27, 2017; June 19, 2018; September 10, 2019

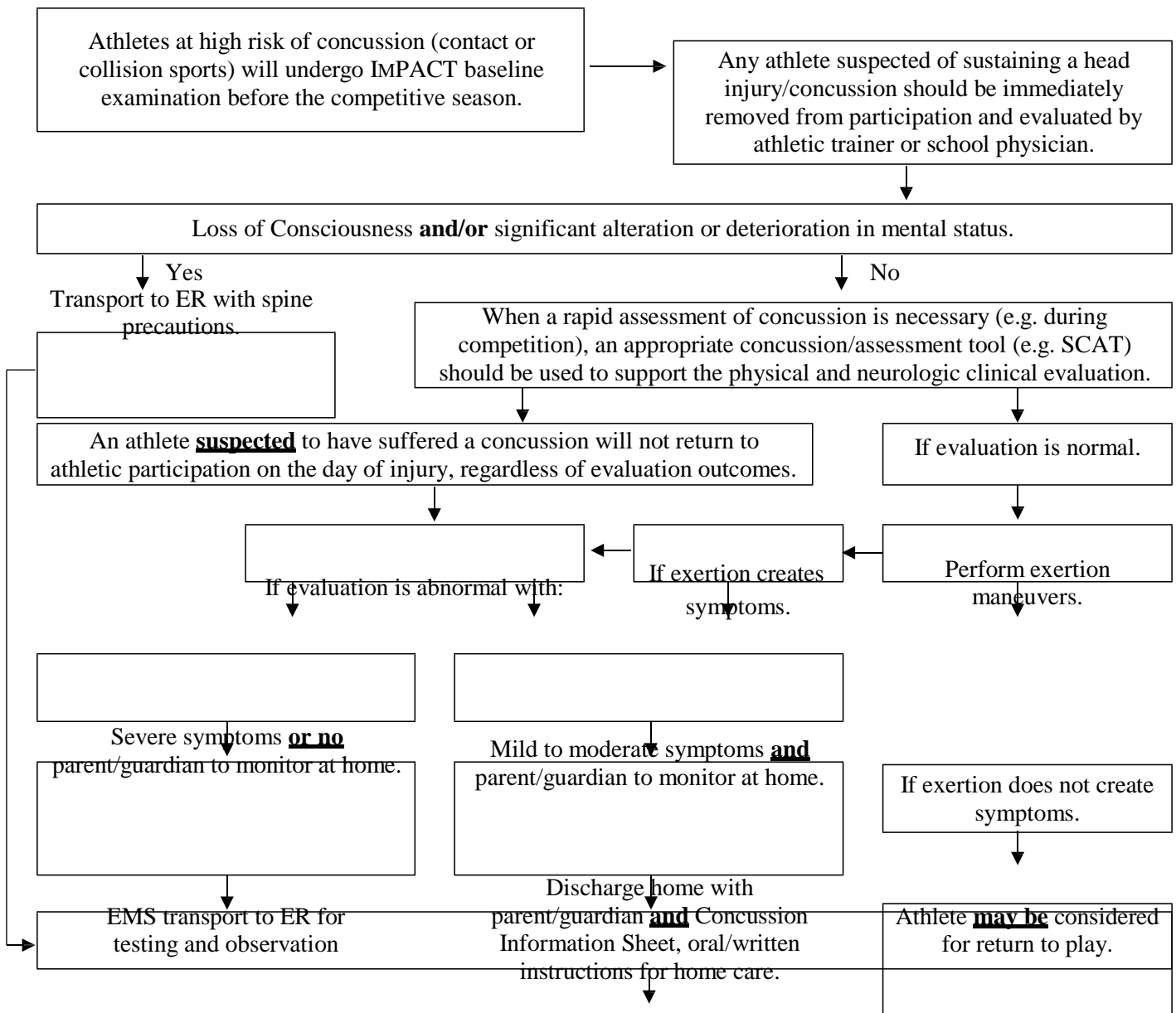
**CONCUSSION MANAGEMENT
COMMUNICATION PROTOCOL**

HEAD INJURY

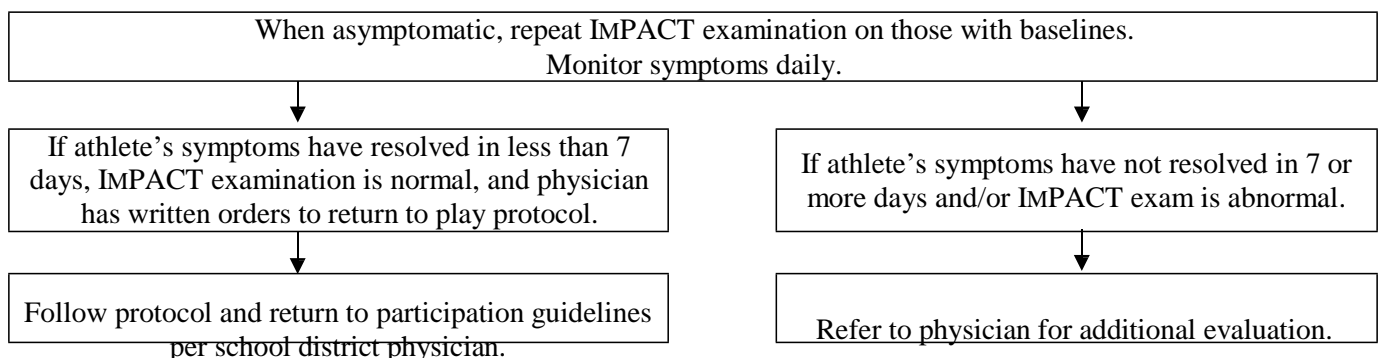


TYPICAL CONCUSSION MANAGEMENT FLOW CHART

While circumstances may vary, judgment should always favor the side of caution.



All athletes who are suspected to have suffered a concussion are required to be cleared by a licensed physician (MD or DO) to begin the graduated return to activities protocol.



SUSPECTED BRAIN INJURY/CONCUSSION NOTIFICATION

1. _____ sustained a head injury/concussion on _____ while participating in _____.
2. Please pay close attention for development of the following signs/symptoms (signs/symptoms do not need to be in any order) or any other condition not considered to be normal:
 - a. headache or worsening headache
 - b. dizziness
 - c. unusual drowsiness
 - d. nausea or vomiting
 - e. blurred vision
 - f. poor light accommodation
 - g. memory loss/disorientation
 - h. slurring speech
 - i. unsteadiness
 - j. difficulty in waking up
 - k. ringing in the ears
 - l. unequal pupils (dial 911)
 - m. unconsciousness (dial 911)
 - n. convulsions (dial 911)
3. If any of the above conditions arise or worsen, seek medical attention immediately.
4. Keep the athlete calm, lying down, and quiet. Rest as much as possible, physically and mentally. Following a head injury or concussion, the brain is in a hyper-sensitive state and needs rest from physical activity and mental stimulation (TV, video games, reading, academic work, etc.) that create or exacerbate symptoms. People who have suffered head injuries or concussions generally feel that their symptoms worsen after participating in these types of activities.
5. The athlete is not to take aspirin, Tylenol, Ibuprofen, or any other pain medication without a physician's approval. It is possible for these medications to mask the true level of pain or symptoms, which could result in worsening of the injury or delaying you from seeking advanced medical care.
6. If applicable, please do not allow the athlete to drive or operate machinery or mechanical devices.
7. In accordance with the Concussion and Management Awareness Act, any student suspected of having a concussion either based on the disclosure of a head injury, observed or reported symptoms, or by sustaining a significant blow to the head or body must be removed from athletic activity and/or physical activities (e.g., PE class, recess) and observed until an evaluation can be completed by the athletic trainer, school nurse, family physician, or school district physician.
8. Student removed from athletic activities at school for a suspected concussion must be evaluated by and receive written and signed authorization from a licensed physician in order to return to athletic activities in school.

9. If symptoms persist for more than 15 minutes, continue into the morning, worsen at any time, or go away then return, the athlete must be evaluated and cleared in writing by their physician, the school district physician, and the athletic trainer or school nurse before beginning any return to play protocol.

10. If all symptoms are gone and the athlete did not see a physician or has received all necessary clearances, they must still be evaluated by the Athletic Trainer before beginning the five-day return to play protocol.

Thank You,

School Nurse and/or Athletic Trainer

RETURN TO PARTICIPATION PROTOCOL

Any athlete who suffers a head injury that results in signs or symptoms of a concussion may not return to play or practice on the day of injury.

Protocol for Returning to Play Following a Restriction from Participation Due to Head Injury or Concussion:

Any athlete who has sustained a head injury or concussion should be evaluated by a qualified health care provider.

When an athlete returns to play following a head injury or concussion, they should follow a stepwise (gradual progression) symptom-limited program (stop if symptoms recur), with the following stages of progression.

Graduated Return to Sport Strategy - 5 Stages

1. Limited daily activities that do not provoke symptoms. Gradual reintroduction of work/school activities
2. Light aerobic exercise walking or stationary cycling at slow to medium pace. Essentially this can be described as no resistance training to increase heart rate.
3. Sport-specific exercise running or skating drills. No head impact activities to add movement.
4. Non-contact training drills, harder training drills, e.g., passing drills. Description may include progressive resistance training exercise, coordination and increased thinking.
5. Full contact practice following medical clearance, participate in normal training activities. Restore confidence and assess functional skills by coaching staff to return to normal game play

NOTE: An initial period of 24–48 hours of both relative physical rest and cognitive rest is recommended before beginning the RTS progression. There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen during exercise, the athlete should go back to the previous step. Resistance training should be added only in the later stages (stage 3 or 4 at the earliest). If symptoms are persistent (e.g., more than 10–14 days in adults or more than 1 month in children) the athlete should be referred to a health care professional who is an expert in the management of concussions.

The ultimate authority and responsibility of returning an athlete to competition rests with the South Colonie Central School District medical staff. This includes the South Colonie Athletic Trainer and/or School Nurses, and the School District Physician.

PHYSICIAN'S RETURN TO ATHLETIC PARTICIPATION STATEMENT

Injury Date: _____

Today's Date: _____

Dear Physician,

The following Colonie Central High School athlete, _____, has suffered a head injury and we wish you to understand the protocols we use regarding return to athletic participation.

In order to ensure that all student-athletes return to their sport safely, the South Colonie Central School District adheres to the following graduated return to athletic participation protocol based on the New York State Concussion Management and Awareness Act, specifically Chapter 496 of the Laws of 2011.

If appropriate, the following assessment/documentation for this situation and athlete is on file at the Colonie Central High School:

SCAT 3 or 5
Full Assessment

SCAT 3 or 5
Signs/Symptoms Only

IMPACT

Injury Report

The South Colonie Central School District adheres to the following graduated return to play protocol after 24 hours asymptomatic:

- Phase 1: Limited daily activities that do not provoke symptoms. Gradual reintroduction of work/school activities.
- Phase 2: Light aerobic exercise walking or stationary cycling at slow to medium pace. Essentially, this can be described as no resistance training to increase heart rate.
- Phase 3: Sport- specific exercise running or skating drills. No head impact activities to add movement.
- Phase 4: Non-contact training drills, harder training drills, e.g., passing drills. Description may include resistance training exercise, coordination and increased thinking.
- Phase 5: Full contact practice following medical clearance, participate in normal training activities. Restore confidence and access functional skills by coaching staff to return to normal game play.

NOTE: An initial period of 24–48 hours of both relative physical rest and cognitive rest is recommended before beginning the RTS progression. There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen during exercise, the athlete should go back to the previous step. Resistance training should be added only in the later stages (stage 3 or 4 at the earliest). If symptoms are persistent (e.g., more than 10–14 days in adults or more than 1 month in children) the athlete should be referred to a health care professional who is an expert in the management of concussions.

An athlete must remain asymptomatic to progress to the next level. If symptoms recur, the athlete must return to the previous level. Each step requires a minimum of 24 hours, but could take longer.

- * Per District policy & NYS Chapter 496, Laws of 2011, an athlete must obtain written clearance from a licensed physician (MD, DO) to begin the six (6) phase return to play protocol.

Please feel free to contact with me with any questions or concerns you may have.

Head Athletic Trainer
South Colonie Central School District

PHYSICIAN'S RETURN TO ATHLETIC PARTICIPATION STATEMENT

Please check the appropriate statement for this athlete to return to athletic competition.

This athlete must be seen again by a licensed physician in order to be cleared for competition

This athlete may return to competition when he/she has completed the graduated return to play criteria outlined above and has remained symptom free through it all

Other protocol/instructions to athlete/ATC (please explain): _____

Physician's Signature: _____ Date: _____

Physician Name (Print): _____

Physician Office Phone: _____

SAMPLE LETTER – IMPACT TESTING

Dear Parent/Guardian:

Colonie Central High School is currently implementing an innovative program for our student-athletes. This program will assist our Team Physician/Athletic Trainers in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called IMPACT (Immediate Post Concussion Assessment and Cognitive Testing).

IMPACT is a computerized neurocognitive assessment tool to help licensed healthcare providers evaluate and manage a suspected concussion. IMPACT is the industry leader in concussion management and trusted by teams and organizations around the world.

The computerized exam is given to athletes before beginning contact sport practice or competition. This non-invasive test is set up in video game type format and takes about 25 minutes to complete. It is simple and many athletes actually enjoy the challenge of taking the test. Essentially, the IMPACT test is a pre-season physical of the brain. It tracks information such as memory, reaction time, speed, and concentration; however, it is not an IQ test.

If a concussion is suspected, the athlete will be required to retake the test. Both the pre-season and post-injury test data is given to our School District Physician. The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return to play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

Utilizing the IMPACT testing procedures are non-invasive and they pose no risks to your student-athlete. We are excited to implement this program given that it provided us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions.

The South Colonie Central School District and all of our staff members are striving to keep your child's health and safety at the forefront of the student-athlete experience. Please return the IMPACT Consent Form with the appropriate signatures. If you have any further questions regarding this program please feel free to contact me.

Sincerely,

District Nurse Coordinator
South Colonie Central School District

Head Athletic Trainer
South Colonie Central School District

RETURN TO LEARN
PARENT INFORMATION PACKET

Sample Letter

Dear Parent/Guardian,

Your child has been diagnosed as having sustained a concussion/mild traumatic brain injury. Typical symptoms are noted on the enclosed form from the CDC. This diagnosis initiates a set of protocols as mandated by New York State law for the protection of your child at school.

The School Nurse will be the contact person/case manager for your child as he/she goes through the recovery process. The classroom teachers, Physical Education teachers, lunch/recess staff and Principal will be made aware of the restrictions necessary for your child's recovery as determined by your medical provider.

We begin with a "Return to Learn" protocol. Please refer to the enclosed form. This protocol is used as needed. It is not rigid, but meant to be a guide with multiple options. Your observations as the parent and feedback from your child and teachers, will determine the need for accommodations.

Please complete the enclosed checklist form to report any symptoms you observe at home. You may fax, email or deliver the form to the School Nurse as noted on the top of the form.

It is essential throughout the recovery process that your child be completely honest with you, the medical provider, the school nurse, and all school personnel in reporting any symptoms.

All concussions are different. Tolerance and progression is individual.

Concussion Symptom Checklist to be Completed by Parent/Guardian

Student Name: _____ Grade: _____

During the next week, please check any symptoms you have observed, or your child has reported to you, since the injury and return to the school nurse.

- | | |
|---|--|
| <input type="checkbox"/> headache | <input type="checkbox"/> delayed verbal and motor responses |
| <input type="checkbox"/> dizziness | <input type="checkbox"/> slurred/incoherent speech |
| <input type="checkbox"/> balance disruption | <input type="checkbox"/> excessive drowsiness |
| <input type="checkbox"/> nausea/vomiting | <input type="checkbox"/> fatigue |
| <input type="checkbox"/> visual disturbances (photophobia,
blurry/double vision) | <input type="checkbox"/> mood swings or excessive emotional
responses |
| <input type="checkbox"/> sensitivity to noise | <input type="checkbox"/> irritability |
| <input type="checkbox"/> confusion | <input type="checkbox"/> anxiety |
| <input type="checkbox"/> loss of consciousness | <input type="checkbox"/> sadness |
| <input type="checkbox"/> disorientation | <input type="checkbox"/> trouble falling asleep |
| <input type="checkbox"/> feeling mentally “foggy” | <input type="checkbox"/> sleeping more than usual |
| <input type="checkbox"/> problems with memory | <input type="checkbox"/> sleeping less than usual |
| <input type="checkbox"/> vacant stare | |
| <input type="checkbox"/> inability to focus | <input type="checkbox"/> no symptoms observed |

Parent/Guardian Signature: _____ Date: _____

Return To Learn (RTL) Protocol After Concussion/Mild Traumatic Brain Injury

Note: More than 80% of concussions successfully resolve within 4-6 weeks. Factors which increase the risk for prolonged recovery include: history of previous concussion, migraines, learning disabilities, ADHD, ADD, depression, anxiety, and psychological trauma.

Stage	Progression of Stages	Description of Stages	School Based Intervention/ Individualized RTL Plan
1	<u>Home:</u> Rest (24-48 hours)	<ul style="list-style-type: none"> ▪ Limit cognitive/physical exertion ▪ Limit computer, texting, video games, etc. ▪ No homework ▪ Stay at home, no school ▪ No driving 	<ul style="list-style-type: none"> ▪ Encourage student to rest brain and body as prescribed by medical professionals. ▪ Medical documentation of concussion is required for school, to be given to the School Nurse. ▪ No school expectations regarding attendance and academic output.

Stage	Progression of Stages	Description of Stages	School Based Intervention/ Individualized RTL Plan
2	<u>Home:</u> Light Mental Activity	<ul style="list-style-type: none"> ▪ Cognitive activity as tolerated; aim for 30-minute periods ▪ Take frequent breaks ▪ Stay at home ▪ Limited peer contact ▪ No driving 	<ul style="list-style-type: none"> ▪ No school attendance continued; commence academic work as tolerated. ▪ Teacher/Counselor to monitor/keep in touch with the student while at home. ▪ RTL planning meeting to occur with student, parent(s)/guardian(s), and school staff, including the School Nurse prior to student’s progression to Stage 3. ▪ Initiate Homebound Instruction referral if student is unable to return to school. ▪ <u>Note:</u> Timeframe for returning to school will vary, according to the student’s symptoms. The student does not need to be 100% symptom-free to commence a part-time return to school.
Student to progress to next stage when able to manage up to 60 minutes cognitive exertion (in 30-minute intervals) without exacerbating symptoms.			

Stage	Progression of Stages	Description of Stages	School Based Intervention/ Individualized RTL Plan
3	<p><u>School</u>: Part-Time</p> <ul style="list-style-type: none"> ▪ Maximum Learning Accommodations ▪ Shortened Day/ Schedule ▪ Built-in Breaks 	<ul style="list-style-type: none"> ▪ Provide quiet place for scheduled cognitive rest ▪ No classroom or standardized testing ▪ No homework ▪ Provide extra time and adapt assignments ▪ Access to learning support as required ▪ Limited school-based, extra-curricular activities, to provide opportunities for social contact 	<ul style="list-style-type: none"> ▪ RTL plan implemented. ▪ School staff provided with written RTL plan. ▪ Ongoing monitoring and adjustment of RTL plan as needed. ▪ Monitor student’s emotional adjustment. ▪ Emphasis on in-school learning, as rest is necessary once outside of school. ▪ Consider exemption from assemblies, and classes such as Band/Choir/Tech) due to excessive noise and safety concerns. ▪ <u>Note</u>: If a student is not progressing beyond Stage 3 within a 4-6 week period, the student’s family should be advised to seek further medical advice.
<p>Student to progress to next stage when able to manage 120 minutes cognitive exertion (in 30-45 minute intervals) without exacerbating symptoms.</p>			

Stage	Progression of Stages	Description of Stages	School Based Intervention/ Individualized RTL Plan
4	<p><u>School</u>: Part-Time</p> <ul style="list-style-type: none"> ▪ Moderate Learning Accommodations ▪ Time spent at school increased 	<ul style="list-style-type: none"> ▪ No standardized testing ▪ Limited classroom testing with adaptations ▪ Moderate decrease of extra time and adaptation of assignments ▪ Continued access to learning support, as required ▪ Homework up to 30 minutes daily 	<ul style="list-style-type: none"> ▪ Ongoing monitoring and adjustment of RTL plan as needed. ▪ Monitor student’s emotional adjustment. ▪ Arrange access to a separate, quiet space for testing to limit distractions.
<p>Student to progress to next stage when able to manage 240 minutes cognitive exertion (in 45-60 minute intervals) without exacerbating symptoms.</p>			

Stage	Progression of Stages	Description of Stages	School Based Intervention/ Individualized RTL Plan
5	<p><u>School</u>: Full-Time</p> <ul style="list-style-type: none"> ▪ Minimal Learning Accommodations ▪ Full-time attendance at school 	<ul style="list-style-type: none"> ▪ No standardized testing. ▪ Classroom testing with adaptations: 1 test per day. ▪ Continued decrease of extra time and adaptation of assignments. ▪ Students may require ongoing learning support in academically challenging subjects. ▪ Gradually increase amount of homework (up to 60 minutes daily). ▪ Continued increase in participation of school-based, extra-curricular activities. 	<ul style="list-style-type: none"> ▪ Ongoing monitoring and adjustment of RTL plan as needed. ▪ Construct a plan to finish completing essential missed academic work, and keep stress levels low. ▪ Accommodations are removed when student can function fully without them. ▪ Monitor student’s emotional adjustment. ▪ Student may begin attending assemblies, and classes previously restricted due to noise (e.g. Band /Chorus/Tech). ▪ Assess student’s ability to tolerate and participate in previously restricted classes such as Woodwork, Mechanics, Metalwork, etc.
<p>Student to progress to next stage when able to attend school full-time and without learning accommodations.</p>			

Stage	Progression of Stages	Description of Stages	School Based Intervention/ Individualized RTL Plan
6	<p><u>School</u>: Full-Time</p> <ul style="list-style-type: none"> ▪ No Learning Accommodations ▪ Full-time attendance at school 	<ul style="list-style-type: none"> ▪ Attends all classes. ▪ Full homework. ▪ Full extracurricular involvement. ▪ Resumes all previously restricted testing activities. 	<ul style="list-style-type: none"> ▪ Medical clearance is required for a student’s participation in PE and should be given to the School Nurse. ▪ A gradual Return to Play (RTP) progression should be completed as indicated by the student’s health care provider and written medical clearance by a medical professional or health care provider must be provided to the school.
<p>REMEMBER: Tolerance and progression is individual – all concussions are different.</p> <ul style="list-style-type: none"> ▪ Students may start at any stage as symptoms dictate and may remain at that step as long as needed or return to previous stage if symptoms worsen. ▪ Exacerbation of symptoms may prolong concussion recovery. ▪ Time intervals used for progression through stages should be used as a guide only. 			

General Student/PE CLASS RTP Progression

Student Name:		Grade:	Injury Date:
Physician Clearance Date:		SCAT Symptom Evaluation Date:	
Phase	Activity	Objective	Completed
1	<ul style="list-style-type: none"> ▪ Walking/stationary bike, 20-30 minutes 	<ul style="list-style-type: none"> ▪ Perceived Exertion: Easy ▪ Minimal head movement ▪ Minimal distraction (quiet environment) if possible 	Date: Teacher Initials:
If tolerated without return of symptoms over a 24 hour period proceed to:			
2	<ul style="list-style-type: none"> ▪ Jogging/stationary bike at a medium pace, 20-30 minutes ▪ Planks: 3 x 30 seconds ▪ Wall sit: 3 x 1minute ▪ Lunge walks: 3 x 20 	<ul style="list-style-type: none"> ▪ Perceived Exertion: Mild ▪ Normal head movement ▪ Low level cognitive exertion (busy environment) 	Date: Teacher Initials:
If tolerated without return of symptoms over a 24 hour period proceed to:			
3	<ul style="list-style-type: none"> ▪ Jogging/stationary bike/elliptical at fast pace, 30-40 minutes ▪ May begin weight training on machines and body weight exercises ▪ No overhead free weights (total of 20 minutes) 	<ul style="list-style-type: none"> ▪ Perceived Exertion: Moderate ▪ Increased head motion and rotation ▪ Increased body positional changes ▪ Moderate level of multitasking 	Date: Teacher Initials:
If tolerated without return of symptoms over a 24 hour period proceed to:			
4	<ul style="list-style-type: none"> ▪ Running/stationary bike/elliptical at fast pace, 30-40 minutes ▪ May begin weight training with free weights, no overhead free weights ▪ Fitness classes such as yoga, Zumba, Pilates, Spin, etc. 	<ul style="list-style-type: none"> ▪ Perceived Exertion: Hard/Intense ▪ High level of multitasking ▪ Non-contact 	Date: Teacher Initials:
If tolerated without return of symptoms over a 24 hour period proceed to:			
5	<ul style="list-style-type: none"> ▪ Cardio of choice, 30-40 minutes ▪ Resume normal weight training ▪ Resume normal fitness classes 	<ul style="list-style-type: none"> ▪ Perceived Exertion: Hard/Intense ▪ Full participation in a controlled environment 	Date: Teacher Initials:
If tolerated without return of symptoms over a 24 hour period proceed to:			
6	<ul style="list-style-type: none"> ▪ Full participation in class activities 	<ul style="list-style-type: none"> ▪ Return to full participation 	Date: Teacher Initials:

When Phase 6 is completed; teacher is to sign below (in ink) and return to the Health Office.

Teacher Signature: _____ Date: _____
 Teacher Name: _____