

**WATERFORD – HALFMOON
UNION FREE SCHOOL DISTRICT**



Concussion Management Guidelines

Concussion Overview

Concussions, a type of traumatic brain injury (TBI), are injuries to the brain that occur as the result of a fall, motor vehicle accident, or any other activity that results in an impact to the head or body.

According to the Centers for Disease Control and Prevention (CDC), *Morbidity and Mortality Weekly Report (MMWR)* [October 7, 2011/ 60(39); 1337-1342]:

- An estimated 2,651,581 million people under age 19 sustain a head injury annually.

In New York State for 2009:

- Approximately 50,500 children under the age of 19 visited the emergency room for traumatic brain injury and of those, approximately 3,000 were hospitalized.

A concussion is a reaction by the brain to a jolt or force that can be transmitted to the head by an impact or blow occurring anywhere on the body. Essentially, a concussion results from the brain moving back and forth or twisting rapidly inside the skull. The symptoms of a concussion result from a temporary change in the brain's function. In most cases, the symptoms of a concussion generally resolve over a short period of time; however in some cases symptoms can last for weeks or longer. In a small number of cases, or in cases of re-injury during the recovery phase, permanent brain injury is possible. Children and adolescents are more susceptible to concussions and take longer than adults to fully recover. Therefore, it is imperative that any student who is suspected of having sustained a concussion be immediately removed from athletic activity (e.g., recess, PE class, sports) and remain out of athletic activities until evaluated **and** cleared to return to athletic activity by a physician.

Concussion Management Team

The Waterford-Halfmoon UFSD Concussion Management Team shall consist of the following persons:

- Director of Athletics, Physical Education
- Superintendent of Schools
- School Nurse (1)
- Physical Education Teacher (1)
- School building administrator

Policy and Protocol Development

The Waterford-Halfmoon Union Free School District Board of Education has adopted a written concussion management policy (#7522). This policy references the District Concussion Management Team, staff training, information to parents/guardians, and the District's protocols to give direction to staff involved in the identification of a potential concussion. This policy and the associated protocols assist a student who will return to school and need accommodations after being diagnosed with a concussion.

Prevention and Safety

Protecting students from head injuries is one of the most important ways to prevent a concussion. Although the risk of a concussion may always be present with certain types of activities, in order to minimize the risk, the Waterford-Halfmoon Union Free School District will insure that (where appropriate) education, proper equipment, and supervision to minimize the risk is provided to district staff, students, and parents/guardians. Instruction will include signs and symptoms of concussions, how such injuries occur, and possible long term effects resulting from such injury. It is imperative that students know the symptoms of a concussion and to inform appropriate personnel, even if they believe they have sustained the mildest of concussions. This information will be reviewed periodically with student athletes throughout each season. Emphasis must be placed on the need for medical evaluation should such an injury occur to prevent persisting symptoms of a concussion, and following the guidelines for return to school and activities. Written information will be provided to students and their parents/guardians. Additionally, the Concussion Management and Awareness Act requires that consent forms (required for participation in interscholastic athletics) contain information on concussions and/or reference how to obtain information on concussions from the NYSED and DOH websites. It is extremely important that all students be made aware of the importance of reporting any symptoms of a concussion to their parent/guardian and/or appropriate district staff. District staff members must follow district emergency protocols and procedures for any student reporting signs and symptoms of injury or illness.

Activities that present a higher than average risk for concussions include, but are not limited to: interscholastic athletics, extramural activities, physical education classes, and recess. The Concussion Management Team will annually evaluate the physical design of district facilities to identify potential risks for falls or other injuries. Recess should include adult supervision, with all playground equipment in good repair, and play surfaces composed of approved child safety materials.

Physical education programs should include plans that emphasize safety practices. Lessons on the need for safety equipment will be taught, along with the correct use of such equipment. In addition, rules of play will be reviewed prior to taking part in the physical activity and enforced throughout the duration thereof.

Commissioner's regulation §135.4(c)(4) requires that each school district operating a high school employ a director of physical education who shall have certification in physical education and administrative and supervisory service. Such director shall provide leadership and supervision for the class instruction, intramural activities, and interschool athletic competition in the total physical education program. Where there are extenuating circumstances, a member of the physical education staff may be designated for such responsibilities, upon approval of the Commissioner. School districts may share the services of a director of physical education.

The physical education (PE) director and/or the athletic director (AD) will monitor activities in such a way as to insure that all interscholastic athletic competition rules are followed, appropriate safety equipment is used, and rules of sportsmanship are enforced.

The PE director will 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 like conduct, and enforcing penalties for deliberate violations.

Identification

Any student who is observed to, or is suspected of, suffering a significant blow to the head, has fallen from any height, or collides hard with another person or object, may have sustained a concussion. Symptoms of a concussion may appear immediately, may become evident in a few hours, or evolve and worsen over a few days. Concussions may occur at places other than school. Therefore, district staff members who observe a student displaying signs and/or symptoms of a concussion, or learn of a head injury from the student, should have the student accompanied to the school nurse. If there isn't a school nurse, or he/she is unavailable, the school should contact the parent/guardian. In accordance with the Concussion Management and 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 a medical provider. Symptoms of a concussion include, but are not necessarily limited to:

- Amnesia (e.g. decreased or absent memory of events prior to or immediately after the injury, or difficulty retaining new information)
- Confusion or appearing dazed
- Headache or head pressure
- Loss of consciousness
- Balance difficulty or dizziness, or clumsy movements
- Double or blurry vision
- Sensitivity to light and/or sound
- Nausea, vomiting, and/or loss of appetite
- Irritability, sadness or other changes in personality
- Feeling sluggish, foggy, groggy, or lightheaded
- Concentration or focusing problems
- Slowed reaction times, drowsiness
- 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:

- Headaches that worsen
- Seizures
- Looks drowsy and/or cannot be awakened
- Repeated vomiting
- Slurred speech
- Unable to recognize people or places
- Weakness or numbing in arms or legs, facial drooping
- Unsteady gait
- Dilated or pinpoint pupils, or change in pupil size of one eye
- Significant irritability
- Any loss of consciousness
- Suspicion of skull fracture: blood draining from ear, or clear fluid from nose

All students with a suspected concussion are to be seen as soon as possible by one of the following medical providers: a physician, nurse practitioner, or physician assistant. Results from assessment tools or tests completed at school should be provided to medical providers to aid in the diagnosis and treatment of students. Students removed from athletic activities at school for a suspected concussion must be evaluated by and receive written and signed authorization from a physician in order to return to athletic activities in school. No student who is suspected of having suffered a concussion will be left alone, and will not be permitted to return to physical activity/athletic practice or competition until cleared by a physician.

Diagnosis

In New York State, the diagnosis of a concussion remains within the scope of practice of the following medical providers: physicians, nurse practitioners, and physician assistants.

It cannot be emphasized enough that 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 a medical provider. In accordance with the Concussion Management and Awareness Act, a student diagnosed with a concussion is not to be returned to athletic activities until at least 24 hours have passed without symptoms and the student has been assessed and cleared by a medical provider to begin a graduated return to activities. Per this statute, students removed from athletic activities at school for a suspected concussion must be evaluated by, and receive written and signed authorization from, a physician in order to return to athletic activities in school.

Evaluation by a medical provider of a student suspected of having a concussion should include a thorough health history and a detailed account of the injury.

The student, and/or the parent/guardian or district staff member who observed the injury will likely be asked about the following as part of an initial evaluation, and therefore should be prepared to respond accordingly:

- Description of the injury
- Cause of the injury
- Student's memory before and after the injury
- If any loss of consciousness occurred
- Physical pains and/or soreness directly after injury

Post- Concussion Management

Students who have been diagnosed with a concussion require both physical and cognitive rest. 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. The District will consult its 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, potential permanent disability (e.g. early dementia also known as chronic traumatic encephalopathy), 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. Best practice warrants that, whenever there is a question of safety, a medical professional err on the side of caution and hold the athlete out for a game, the remainder of the season, or even a full year.

Cognitive Rest

Cognitive rest requires that the student avoid participation in, or exposure to, activities that require concentration or mental stimulation including, but not limited to:

- Computers and video games
- Television viewing
- Texting
- Reading or writing
- Studying or homework
- Taking a test or completing significant projects
- Loud music
- Bright lights

Parents/guardians, teachers, and other district 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 these signs and symptoms occur, the student should cease the activity. Return of symptoms should guide whether the student should participate in an activity. 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. Students may exhibit increased difficulties with focusing, memory, learning new information, and/or an increase in irritability or impulsivity. The District will rely on orders from a medical provider when transitioning students back to school and for making accommodations for missed tests and assignments. If the student's symptoms last longer than 7-14 days, a medical provider may consider referring the student for an evaluation by a neuropsychologist, neurologist, physiatrist, or other medical specialist in traumatic brain injury.

Generally, school principals are permitted to authorize certain testing accommodations for students who incur an injury within 30 days prior to the test administration. Principals should refer to test manuals available at <http://www.p12.nysed.gov/apda/manuals/> for information on the procedures they must follow in authorizing such accommodations. These manuals also provide information on the provisions for a student to be medically excused from a State test, as well as opportunities for make ups.

In some situations, a 504 plan may be appropriate for students whose concussion symptoms are significant or last 6 months or longer. Section 504 is part of the Rehabilitation Act of 1973 and is designed to protect the rights of individuals with disabilities in programs and activities that receive Federal financial assistance from the U.S. Department of Education. Section 504 requires a school district to provide a "free appropriate public education" (FAPE) to each qualified student with a disability who is in the school district's jurisdiction, regardless of the nature or severity of the disability. Under Section 504, FAPE consists of the provision of regular or special education and related aids and services designed to meet the student's individual educational needs as adequately as the needs of nondisabled students are met.

Physical Rest

Physical rest includes getting adequate sleep, taking frequent rest periods or naps, and avoiding physical activity that requires exertion. Some activities that should be avoided include, but are not limited to:

- Ones that result in contact and collision and are high risk for re-injury
- High speed and/or intense exercise and/or sports
- Any activity that results in an increased heart rate or increased head pressure (e.g. straining or strength training)

Students may feel sad or angry about having to limit activities, or having difficulties keeping up in school. Students should be reassured that the situation is temporary, that the goal is to help the student get back to full activity as soon as it is safe, and to avoid activities which will delay their recovery. Students should be informed that the concussion will resolve more quickly when they follow their medical provider's orders as supported by various studies. Students will need encouragement and support at home and school until symptoms fully resolve.

Return to School Activities

Once a student diagnosed with a concussion has been symptom free at rest for at least 24 hours, a private medical provider may choose to clear the student to begin a graduated return to activities. If a 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 extra-class 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.

Return to Play Protocol: *(once symptom free for 24 hours and cleared by physician)*

The following protocol will be followed after the diagnosis by a medical practitioner of a concussion:

- Day 1:** low impact, non-strenuous, light aerobic activity
- Day 2:** higher impact, higher exertion, moderate aerobic activity; no resistance training
- Day 3:** sport-specific, non-contact activity; low resistance weight training with spotter
- Day 4:** sport-specific non-contact activity; higher resistance weight training with spotter
- Day 5:** full contact training drills; intense aerobic activity
- Day 6:** return to full activities with clearance from physician

Concussion Information Sheet for Parents/Guardians

What is a concussion?

A concussion is a type of traumatic brain injury that is caused by a blow to the head or body, a fall, or another injury that jars or shakes the brain inside the skull. Although there may be cuts or bruises on the head or face, there may be no other visible signs of a brain injury.

What causes a concussion?

Your brain is a soft organ that is surrounded by spinal fluid and protected by your hard skull. Normally, the fluid around your brain acts like a cushion that keeps your brain from banging into your skull. But if your head or your body is hit hard, your brain can crash into your skull and be injured.

There are many ways to get a concussion. Some common ways include fights, falls, playground injuries, car crashes, and bike accidents. Concussions can also happen while participating in any sport or activity such as football, boxing, hockey, soccer, skiing, or snowboarding.

What are the symptoms?

It is not always easy to know if someone has a concussion. You don't have to pass out (lose consciousness) to have a concussion. Symptoms of a concussion range from mild to severe and can last for hours, days, weeks, or even months. If you notice any symptoms of a concussion, contact your doctor.

Symptoms of a concussion fit into four main categories:

- **Thinking and remembering**
 - Not thinking clearly
 - Feeling slowed down
 - Not being able to concentrate
 - Not being able to remember new information

- **Physical**
 - Headache
 - Fuzzy or blurry vision
 - Nausea and vomiting
 - Dizziness
 - Sensitivity to light or noise
 - Balance problems
 - Feeling tired or having no energy

- **Emotional and mood**
 - Easily upset or angered
 - Sad
 - Nervous or anxious
 - More emotional

- **Sleep**
 - Sleeping more than usual
 - Sleeping less than usual
 - Having a hard time falling asleep

Young children can have the same symptoms of a concussion as older children and adults. But sometimes it can be hard to tell if a small child has a concussion.

Young children may also have symptoms like:

- Crying more than usual.
- Headache that does not go away.
- Changes in the way they play or act.
- Changes in the way they nurse, eat, or sleep.
- Being upset easily or having more temper tantrums.
- A sad mood.
- Lack of interest in their usual activities or favorite toys.
- Loss of new skills, such as toilet training.
- Loss of balance and trouble walking.
- Not being able to pay attention.

For more information: Centers for Disease Control and Prevention <http://www.cdc.gov/concussion>

What should I do if I suspect that my son/daughter may have a concussion?

People with a concussion need to be seen by a health care professional. If you think you or someone you know has a concussion, contact your health care professional. Your health care professional can refer you to a neurologist, neuropsychologist, neurosurgeon, or specialist in rehabilitation (such as a speech pathologist). Getting help soon after the injury by trained specialists may speed recovery.

What should be done to help recovery after a concussion?

Although most people recover fully after a concussion, how quickly they improve depends on many factors. These factors include how severe their concussion was, their age, how healthy they were before the concussion, and how they take care of themselves after the injury.

Some people who have had a concussion find that at first it is hard to do their daily activities, their job, to get along with everyone at home, or to relax.

Rest is very important after a concussion because it helps the brain to heal. Ignoring symptoms and trying to “tough it out” often makes symptoms worse. Healing takes time. Only when symptoms have reduced significantly, in consultation with your health care professional, should the person who has suffered a concussion slowly and gradually return to daily activities, such as work or school. If symptoms come back or new symptoms occur, this is a sign that the individual is pushing too hard. Stop all physical activities and take more time to rest and recover. As the days go by, the person can expect to gradually feel better.

If my son/daughter suffers a concussion, when may he/she return to school activities?

The concussion management policy of the Waterford-Halfmoon School District requires that any student who has suffered a concussion, *as diagnosed by a medical provider*, must have written permission from the medical provider prior to returning to any level of activity. The statement from the medical provider must include the date that the student may return to school activities, and the level of activity that the student may participate in (including any restrictions). In addition, the Waterford-Halfmoon UFSD will follow these protocols following a diagnosed concussion:

Day 1: low impact, non-strenuous, light aerobic activity

Day 2: higher impact, higher exertion, moderate aerobic activity; no resistance training

Day 3: sport-specific, non-contact activity; low resistance weight training with spotter

Day 4: sport-specific non-contact activity; higher resistance weight training with spotter

Day 5: full contact training drills; intense aerobic activity

Day 6: return to full activities with clearance from physician



WATERFORD – HALFMOON
UNION FREE SCHOOL DISTRICT
125 MIDDLETOWN ROAD
WATERFORD, NY 12188

IMPORTANT – HEAD INJURY NOTICE TO PARENT/GUARDIAN

Dear Parent/Guardian:

Your son/daughter suffered a head injury on ____/____/____ (date) during _____ (activity). Head injuries vary in severity, from simple to complex concussions, to skull fractures. Though most severe head injuries can be recognized at the time of the incident, the signs and symptoms of others may be delayed. Therefore, it is extremely important that your son/daughter be observed closely for at least twenty-four (24) hours.

If in the next twenty-four (24) hours your son/daughter begins to show any of the following signs, call your doctor or take your son/daughter to an emergency room:

- Headache continues or worsens
- Nausea or vomiting
- Unusual drowsiness, or is difficult to awaken; monitor for any changes in level of consciousness or alertness, or personality
- Blood or other fluids draining from ear, nose
- Convulsion, seizure
- Dizziness, trouble with coordination or balance
- Blurred vision
- Confusion, unable to concentrate
- Pupils become dilated or unequal in size, shape
- Weakness or numbing of arms or legs, or trouble walking
- Fever, stiff neck

Please remind your son/daughter to stop at the school nurse's office upon his/her return to school for a follow up evaluation. If your son/daughter is seen by medical personnel, please provide the school nurse with a copy of any documents that you received.

Signature of School Official

Date

Printed Name of School Official

WATERFORD – HALFMOON
UNION FREE SCHOOL DISTRICT
 125 MIDDLETOWN ROAD
 WATERFORD, NY 12188

CONCUSSION CHECKLIST

Name: _____ Age: _____ Grade: _____ Activity: _____

Date of injury: _____ Time of injury: _____ AM PM

Description of injury: _____

Has student previously suffered a concussion?	YES	NO	UNKNOWN
Was there a loss of consciousness?	YES	NO	UNCLEAR
Does the student remember the injury?	YES	NO	UNCLEAR
Did student have confusion following the injury?	YES	NO	UNCLEAR

Symptoms observed: *(circle Yes or No for each)*

Dizziness	Yes	No	Headache	Yes	No
Ringing in ears	Yes	No	Nausea/vomiting	Yes	No
Drowsy, sleepy	Yes	No	Fatigue, low energy	Yes	No
Not feeling "right"	Yes	No	Dazed	Yes	No
Seizure	Yes	No	Poor balance/coordination	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

Other observations: _____

Action: *(check all that apply)* _____ Parent/Guardian notified _____ Taken to hospital

Signature of school employee _____ Title: _____

Date: _____