

- Required**
- Local
- Notice

CONCUSSION MANAGEMENT POLICY

The Board of Education of the City School District of Albany 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 overexertion 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. A school district nurse, athletic trainer, coach, or building administrator will notify the student’s parents or guardians and recommend appropriate monitoring to parents or guardians.

If any 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 the building nurse so that the District can support the appropriate management of the condition.

The student shall not return to school until authorized to do so by an appropriate health care professional. The student shall not return to activity until authorized to do so by the school’s chief medical officer. 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 the activity and reevaluated by his/her health care provider.

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. 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.

The District shall provide information about concussions and the District’s protocols in handling students with concussions to all District staff and parents.

**New
Adopted: 08-18-11**

CONCUSSION GUIDELINES AND PROCEDURES

Concussion Management Team

The District shall assemble a concussion management team (CMT). The CMT will consist of selected coaches, the Athletic Director, a school nurse, and an athletic trainer and/or chief medical officer. The District's CMT shall coordinate education about concussions for all District staff and parents.* The education should include, but not be limited to, the definition of a concussion, signs and symptoms of concussion, how concussions may occur, the dangers of post-concussion and second-impact injuries, management of a concussion, and the protocol for a student's return to school and return to activity or interscholastic athletics. Particular emphasis should be placed on the fact that no student will be allowed to return to school or activity on the day of injury and that all students with a concussion must obtain appropriate medical clearance prior to returning to school or activity. Educational materials related to concussions should be included at staff meetings and at parent meetings or in information provided to parents at the beginning of sports seasons. Parents particularly need to be aware of the District's policy on concussions and how these injuries will ultimately be managed by school officials.

All coaches, assistant coaches, and volunteer coaches who work with student athletes regularly shall be required to complete the on-line education about concussions provided on the NFHS website, www.NFHS.org.

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

*School district CMT's can use the NYSPHSAA website, www.keepyourheadinthegame.org, for information related to the signs and symptoms of concussions and the appropriate return to school or activity protocols. A handout describing the Concussion Management Team and a Concussion Management Checklist that has been approved and recommended by NYSPHSAA are also available on this site.

Concussion Management Protocol

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. The City School District of Albany utilizes the NYSPHAA current returns to play recommendations, in addition to the concussion management protocol. *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. After diagnosis of a concussion, by a treating physician, the student will be removed from all activity for a minimum of 7 days (even if asymptomatic). Once the student athlete is symptom free at rest for 24 hours and has a signed release by the treating physician and the school chief medical officer, she/he may begin the return to play progression below (provided there are no other mitigating circumstances).

Play Progression

Day 1: Light aerobic activity - low impact, non-contact, (i.e. stationary bike, walking > 70% max hr.)

Day 2: Sport-specific activity – any simple movement that doesn't involve the risk of a collision (sport specific skills at moderate intensity)

Day 3: Non-contact training drills – sport specific drills at full intensity (no contact)

Day 4: Full contact practice – normal training activities (after medical clearance)

Day 5: Return to play – normal play is allowed, with close monitoring of symptoms

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.

Concussion Management Support Materials

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 (see article for more complete list of low-risk activities). 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.

Adopted: