

FREWSBURG CENTRAL SCHOOL DISTRICT

CONCUSSION MANAGEMENT PROCEDURE

COMMITTEE MEMBERS

Shelly O’Boyle	District Superintendent
Tami McKotch	Coordinator of Special Education
Dr. Khan	School Physician
Chad Chitester	Board of Education Member
William Caldwell	MS/HS Principal
Terry Gray	PE Instructor / Athletic Director
Cherie Anderson	MS/HS Nurse
Dawn Ekstrom	RHJ Elementary Nurse
Adam Loftus	Coach
Christopher Yost	Teacher
TBD	Athletic Trainer

TABLE OF CONTENTS

Concussion Management Team	1
Concussion Education	1
Baseline Testing	2
Post-Injury Testing	3
Academic Support & Accommodations	4
Return to Play Decisions	4

Concussion Management Team

The district will assemble a Concussion Management Team (CMT). The district's CMT will be comprised of:

- High School Principal
- Elementary School Principal
- Athletic Director
- Coach
- School Nurse
- School Physician
- Athletic Trainer

The CMT will coordinate trainings for all administrators, teachers, coaches, parents, and students. Training is mandatory for all physical education teachers, coaches, assistant coaches, and volunteer coaches.

The CMT will develop the training and materials needed to educate all stakeholder groups.

The CMT will develop a testing schedule annually for Neurocognitive Testing.

The CMT will review the adherence and implementation of this plan. The CMT will review individual cases, including data and documentation to make recommendations for updates and revisions to the plan.

Concussion Education

The Committee recognizes that all students have the potential to sustain a concussion. Therefore, the following groups will receive training annually.

- Students (Primary, Intermediate, Middle School, High School)
- Parents of students participating in sports
- Athletic Director, Physical Education Teachers, Nurses, Coaches, Assistant Coaches, Volunteer Coaches
- Administrators, School Counselors
- Faculty and Staff working directly with students

Training on concussions will include: signs and symptoms of concussions, post-concussion and second impact syndromes, return to play and school protocols, school policy and procedures, and available resources for concussion management and treatment.

Information related to concussions will be present at the Mandatory Parent Meeting held in June of each year for participation in sports. The information will be available on the district's website and in the fall edition of the District Newsletter.

Concussion information including the definition, signs and symptoms, how such injuries may occur, and the guidelines for the return to school will be included in any permission form or parent consent form required for a student's participation in interscholastic sports and shall also include how to obtain such information from the department and the department of health website.

Included in at least 2 practices, the coach of a contact sport will instruct athletes on ways in which concussion can be avoided.

Baseline Testing

The Impact Neurocognitive Test will be administered to all students in grades 5, 7, 9, and 11. Students in grade 5 will complete the pediatric version. If a student is participating in a sport, their ImPact test must be completed prior to the beginning of the first practice. If a student has an Individual Education Program (IEP), accommodations may be provided as listed.

Accommodations are not intended to give a student an unfair advantage, only to ensure that he/she understands the task at hand. No home based testing will be allowed.

Results will be utilized for two years. All testing information will be kept on file in the student's permanent health file.

All identified staff to administer The Impact Neurocognitive Test will complete the required training module prior to administering the assessment.

Post-Injury Testing

Any student believed to have sustained a concussion will be immediately removed from athletic activities. In the event that there is any doubt as to whether a pupil has sustained a concussion, it shall be presumed that he or she has been so injured until proven otherwise. Students are prohibited from returning to play the day the concussion is sustained.

A student with a concussion should be assessed by a medical provider within 24-72 hours of the injury. It is recommended the student see their own primary care provider. Post injury impact testing is suggested following day 4 of the return to play protocol. Results will be shared with the parent/guardian/physician.

No such pupil shall resume athletic activity until he or she shall have been symptom free for no less than 24 hours, and has been evaluated by and received written and signed authorization from a licensed physician. The district Chief Medical Officer will review all documentation and make the final determination for Return to Play. Such authorization will be kept on file in the student's permanent health file.

Once a student diagnosed with a concussion has been symptom free at rest for at least 24 hours, a licensed physician may choose to clear the student to begin a graduated return to activities. If the district has concerns or questions about the licensed physician's orders, the district medical director should contact that licensed physician 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), (provided there is no other mitigating circumstances).

Day 1: Light aerobic activity
Day 2: Sport-specific activity
Day 3: Non-contact training drills
Day 4: Non-contact training drills*
Day 5: Full contact practice
Day 6: Return to play

Each step should take 24 hours so that an athlete would take approximately one week to proceed through the full rehabilitation protocol once they are asymptomatic at rest with provocative exercise. If any post-concussion symptoms occur while in the stepwise program, then the student will drop back to the previous asymptomatic level and progress again after a further 24 hour period of rest has passed.

*Students may be required after Day 4 of the Return to Play Progression to complete ImPact Testing as determined by the district's Chief Medical Officer. No students may participate in contact practice or a game until the student is symptom free and has authorization from the Chief Medical Officer.

Academic Support and Accommodations

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 does not 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.

Stage	Description	Expected Duration	School's Action	Student's Action
I	<ul style="list-style-type: none"> • Complete rest 	2-6 days	<ul style="list-style-type: none"> • Contacted by school nurse • Explanation of injury and current plan of care 	<ul style="list-style-type: none"> • Out of school • Strict limits for use of computer, cell phone, texting, video games, etc.
II	<ul style="list-style-type: none"> • Significant deficits in processing and concentration • Cognitive activity as tolerated 	2-14 days	<ul style="list-style-type: none"> • Hold Educational Team Meeting and develop three categories for all assignments: <ol style="list-style-type: none"> 1.) Excused; Not to be made up 2.) Accountable; Responsible for content not process. May be notes or work shared by a classmate, or may be covered in a review sheet 3.) Responsible; must be completed by the student and will be graded. 	<ul style="list-style-type: none"> • In school as tolerated • When present, observing not participating. Get copies of notes, handouts, etc. • Communicate with teachers about progress/challenges • Be patient with slow recovery, just do your best • No physical/sports activity
III	<ul style="list-style-type: none"> • Gradual increase of time and energy, slowly resuming full work load 	3-7 days; Variable	<ul style="list-style-type: none"> • Prioritize assignments with student, both make-up work and new work • Continue to use lists with the three categories for assignments until all work is completed, and assist with setting a timeline for completion of assignments 	<ul style="list-style-type: none"> • In class/school full-time • Communicate with teachers on your progress with assignments • Communicate with teachers and parents on the pace of resuming a full workload and completing make-up work • No physical/sports activity (including PE class)
IV	<ul style="list-style-type: none"> • Complete resumption of normal activities 		<ul style="list-style-type: none"> • Monitor completion of assignments • Communicate with parents and staff as to when student is caught up with assignments and working at the same pace as his/her classmates • Communicate with Guidance Office as grades are updated 	<ul style="list-style-type: none"> • Resume all normal activities • Progress with coach – supervision resumption of participation in athletics • Assist with setting a timeline for completion of assignments

Return to Play Decisions

A student may return to play when a physician has reviewed the results of updated neurocognitive testing and has provided signed documentation that the student may return to the sport. Return to Play decisions are complex and will be based on the student's concussion history, severity of the injury, and results of neurocognitive testing. Final authorization will be given by the district's Chief Medical Officer in consultation with the Concussion Management Team. The district's Chief Medical Officer must make the final approval and clear the athlete to play.

The student will be symptom free and have completed the 6 Phase Post-Injury Progression prior to resuming full participation in a sport.