

# **STAMFORD CENTRAL SCHOOL**

# **CONCUSSION POLICY**

Revised September 23, 2014

## **Management of Sports-Related Concussions Stamford Central School District**

Medical management of sports-related concussion continues to evolve. Recently, there has been a significant amount of new research regarding sports-related concussions in high school athletes. Stamford Central School District has established this protocol to provide education about concussion for coaches, school personnel, parents, and athletes. This protocol outlines procedures for staff to follow in managing concussions, and outlines school policy as it pertains to return to play issues following a concussion.

Stamford Central School District seeks to provide a safe return to activity for all athletes following any injury, but particularly after a concussion. In order to effectively and consistently manage these injuries, procedures have been developed to aid in insuring that concussed athletes are identified, treated and referred appropriately, receive appropriate follow-up medical care during the school day (including academic accommodations) and are fully recovered prior to returning to activity.

In addition to recent research, two primary documents were consulted in developing this protocol. The *“Summary and Agreement Statement of the 3<sup>rd</sup> International Conference on Concussion in Sport, Zurich 2008”*, and the *“National Athletic Trainers’ Association Position Statement: Management of Sport-Related Concussion”*

This protocol shall be reviewed annually by the athletic department and nursing staff/medical director of Stamford Central School. Any changes or modifications will be reviewed and given to athletic department staff, including coaches and other appropriate school personnel in writing.

All athletic department staff shall attend a yearly in-service meeting in which procedures for managing sports-related concussion are discussed.

The district medical director, who is a physician or nurse practitioner, plays a very important role in setting policies and procedures related to identifying students who may have sustained a concussion, along with post concussion management in school.

## **I. Recognition of Concussion**

Common Signs and symptoms of sports-related concussion

### **Signs** (observed by others)

- Athlete appears dazed or stunned
- Confusion
- Forgets plays
- Unsure about game, score, opponent
- Moves clumsily (altered coordination)
- Balance problems
- Personality change
- Responds slowly to questions
- Forgets events prior to head trauma
- Forgets events after head trauma
- Loss of consciousness (for any duration)

### **Symptoms** (reported by athlete)

- Headache
- Fatigue
- Nausea or vomiting
- Double vision, blurry vision
- Sensitive to light or noise
- Feels sluggish
- Feels “foggy”
- Problems concentrating
- Problems remembering

These signs and symptoms following a witnessed or suspected blow to the head or body are indicative of probable concussion. Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest or practice and shall not return to play until cleared by an appropriate health care professional.

## **II. Management and Referral Guidelines for All Staff**

1. The following situations indicate a medical emergency and require activation of the Emergency Medical System:
  - Any athlete with a witnessed loss of consciousness (LOC) of any duration should be spine boarded and transported immediately to the nearest emergency department via emergency vehicle.
  - Any athlete who has symptoms of a concussion, and who is not stable (i.e. condition is worsening), is to be transported immediately to the nearest emergency department via emergency vehicle.
  - An athlete who exhibits any of the following symptoms should be transported immediately to the nearest emergency department, via emergency vehicle:
    - Deterioration of neurological function
    - Decreasing level of consciousness
    - Decrease or irregularity in respirations
    - Any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
    - Mental status changes: lethargy, difficulty maintaining arousal, confusion or agitation
    - Seizure activity
2. Any athlete who is symptomatic but stable, may be transported by his or her parents. The parents should be advised to contact the athlete's primary care provider, or seek care at the nearest emergency department, on the day of the injury.

### III. Guidelines and Procedures for Coaches:

## **RECOGNIZE \* REMOVE \* REFER**

#### *Recognize a Concussion*

1. All coaches should become familiar with signs and symptoms of concussion as described above.
2. Training will occur every two years for coaches of each sport.

#### *Remove from Activity*

Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional. **WHEN IN DOUBT, SIT THEM OUT!**

#### *Refer the Athlete for Medical Evaluation*

1. The coach is responsible for notifying the athlete's parents of the injury.
  - a. Contact the parents to inform them of the injury. Depending on the injury, either an emergency vehicle will transport or parents will pick the athlete up at the event for transport.
  - b. A medical evaluation is required to begin the process of "Return to Play".
2. In the event that an athlete's parents cannot be reached, and the athlete is able to be sent home (rather than directly to MD):
  - a. The coach should insure that the athlete will be with a responsible individual who is an adult, who is capable of monitoring the athlete and understanding the home care instructions, before allowing the athlete to go home.
  - b. The coach should continue efforts to reach a parent.
  - c. If there is any question about the status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete should be referred to an Emergency Department for evaluation. A coach should accompany the athlete and remain with the athlete until a parent arrives.

**Athletes with suspected head injuries should not be permitted to drive home.**

3. Coaches should seek assistance from the host site certified athletic trainer (ATC) or team physician, if available at an away contest.

#### **IV. Follow-Up Care of the Athlete During the School Day**

##### 1. Responsibilities for the school nurse after notification of student's concussion:

- The athlete will be instructed to report to the school nurse upon his or her return to school. At that point, the school nurse will evaluate the athlete; and provide an individualized health care plan based on both the athlete's current condition, and initial injury information provided by the parent.
- Notify the student's guidance counselor and teachers of the injury immediately.
- Notify the student's physical education teacher immediately that the athlete is restricted from all physical activity until cleared by his or her treating physician.
- Monitor the athlete on a regular basis during the school day.
- Notify the local/regional TBI liaison.

##### 2. Responsibilities of the student's guidance counselor

- Monitor the student closely and recommend appropriate academic accommodations for students who are exhibiting symptoms of post-concussion syndrome.
- Communicate with school nurse on a regular basis, to provide the most effective care for the student.

##### 3. Return to Play (RTP) Procedures after concussion

- Return to activity and play is a medical decision. The athlete must meet all of the following criteria in order to progress to activity: Must be asymptomatic at rest and with exertion (including mental exertion in school) AND have written clearance from the SCS Chief Medical Director – if diagnosed with a concussion.
- Once the above criteria are met, the athlete will be progressed back to full activity following the step-wise process detailed below.
- Progression is individualized, and will be determined on a case by case basis. Factors that may affect the rate of progression include, but are not limited to: previous history of concussion, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms or one who is participating in a collision or contact sport may be progressed more slowly.
- Stepwise progression as described below:

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 a recommended sample return to physical activity protocol based on the Zurich Progressive Exertion Protocol: <http://sportconcussions.com/html/Zurich%20Statement.pdf>

**Step 1** Complete cognitive rest/ physical rest. This may include staying home from school or limiting school hours (and studying) for several days. Activities requiring concentration and attention may worsen symptoms and delay recovery.

**Phase 1-** low impact, non-strenuous, light aerobic activity such as walking or riding a stationary bike. If tolerated without return of symptoms over a 24 hour period proceed to;

**Phase 2-** higher impact, higher exertion, and moderate aerobic activity such as running or jumping rope. No resistance training. If tolerated without return of symptoms over a 24 hour period proceed to;

**Phase 3-** Sport specific non-contact activity. Low resistance weight training with a spotter. If tolerated without return of symptoms over a 24 hour period proceed to;

**Phase 4-** Sport specific activity, non-contact drills. Higher resistance weight training with a spotter. If tolerated without return of symptoms over a 24 hour period proceed to;

Provide written clearance for return to full activities (in order for a student to return to athletic activities after he or she sustained a concussion during school athletic activities, an evaluation must be completed by, written, and signed by a licensed physician to meet the requirements of the Concussion Management and Awareness Act).

**Phase 5-** Full contact training drills and intense aerobic activity. If tolerated without return of symptoms over a 24 hour period proceed to;

**Phase 6-** Return to full activities without restrictions.

*The athlete should spend ONE TO TWO DAYS AT EACH STEP before advancing to the next. If post-concussion symptoms occur at any step, the athlete must stop the activity and the treating physician must be contacted. Depending upon the specific type and severity of the symptoms, the athlete has to rest for 24 hours and then resume activity at a level one step below where he or she was when the symptoms occurred.*

#### **V. Stamford Central School District Concussion Management Team**

- David Rowley – Interim Superintendent
- Ruth Ehrets – Building Principal
- Michelle Wilson – Guidance Counselor
- Dr. Nicole Bruno-School Physician
- Candy Timm – School Nurse
- Greg O’Connell – Athletic Director
- Karen Mattice– Special Education Representative
- Lindsay Coons – Middle and High School Teacher
- Donna Staiber – Elementary Teacher
- Andy Spence-Trainer

**VI.** For further information you may contact the State Education Department:

[www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/](http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/)

**CONCUSSION CHECKLIST (Revision #3)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

**On Site Evaluation**

Description of Injury: \_\_\_\_\_

\_\_\_\_\_

Has the athlete ever had a concussion?	Yes	No	
Was there a loss of consciousness?	Yes	No	Unclear
Does he/she remember the injury?	Yes	No	Unclear
Does he/she have confusion after the injury?	Yes	No	Unclear

**Symptoms observed at time of injury:**

Dizziness	Yes	No	Headache	Yes	No
ringing in Ears	Yes	No	Nausea/Vomiting	Yes	No
Drowsy/Sleepy	Yes	No	Fatigue/Low Energy	Yes	No
“Don’t Feel Right”	Yes	No	Feeling “Dazed”	Yes	No
Seizure	Yes	No	Poor Balance/Coord.	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

\* Please circle yes or no for each symptom listed above.

Other Findings/Comments: \_\_\_\_\_

\_\_\_\_\_

Final Action Taken: \_\_\_\_\_ Parents Notified \_\_\_\_\_ Sent to Hospital \_\_\_\_\_

Evaluator’s Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Physician Evaluation  
(Revision #3)**



Date of First Evaluation: \_\_\_\_\_

Time of Evaluation: \_\_\_\_\_

Date of Second Evaluation: \_\_\_\_\_

Time of Evaluation: \_\_\_\_\_

Symptoms Observed:	First Doctor Visit		Second Doctor Visit	
	Yes	No	Yes	No
Dizziness	Yes	No	Yes	No
Headache	Yes	No	Yes	No
Tinnitus	Yes	No	Yes	No
Nausea	Yes	No	Yes	No
Fatigue	Yes	No	Yes	No
Drowsy/Sleepy	Yes	No	Yes	No
Sensitivity to Light	Yes	No	Yes	No
Sensitivity to Noise	Yes	No	Yes	No
Anterograde Amnesia (after impact)	Yes	No	N/A	N/A
Retrograde Amnesia (backwards in time from impact)	Yes	No	N/A	N/A

\* Please indicate yes or no in your respective columns. First Doctor use column 1 and second Doctor use column 2.

**First Doctor Visit:**

**Did the athlete sustain a concussion? (Yes or No) (one or the other must be circled)**

**\*\* Post-dated releases will not be accepted. The athlete must be seen and released on the same day.**

**Please note that if there is a history of previous concussion, then referral for professional management by a specialist or concussion clinic should be strongly considered.**

Additional Findings/Comments: \_\_\_\_\_

Recommendations/Limitations: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print or stamp name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Second Doctor Visit:**

**\*\*\* Athlete must be completely symptom free in order to begin the return to play progression. If athlete still has symptoms more than seven days after injury, referral to a concussion specialist/clinic should be strongly considered.**

Please check one of the following:

- Athlete is asymptomatic and is ready to begin the return to play progression.
- Athlete is still symptomatic more than seven days after injury.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print or stamp name: \_\_\_\_\_ Phone number: \_\_\_\_\_