

CONCUSSION MANAGEMENT REGULATION

Overview

The Hauppauge School District recognizes that concussions and head injuries are commonly reported injuries in children and adolescents who participate in sports and recreational activity. Therefore, the District adopts the following guidelines to assist in the proper evaluation and management of head injuries.

Concussion is a mild traumatic brain injury. Concussions occur when normal brain functioning is disrupted by a blow or jolt to the head. Recovery from concussion will vary. Avoiding reinjury and overexertion until fully recovered are the cornerstones of proper concussion management.

Any student demonstrating signs, symptoms or behaviors consistent with a concussion while participating in interscholastic athletic activity will be removed from the game or activity, be evaluated immediately, and will not return to play that day. The Hauppauge School District will notify the student's parents or guardians and recommend appropriate monitoring.

In accordance with the New York State Concussion Management and Awareness Act, specifically Chapter 496 of the Laws of 2011, 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., physical education class, recess), and observed until an evaluation can be completed by a medical provider. 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.

Concussion Management Team

The Hauppauge School District will assemble a concussion management team ("CMT"). The CMT will consist of a Superintendent's designee, the District's Athletic Director, the District's Physician, a High School and Middle School Head Coach, a District guidance counselor, and any other appropriate personnel designated by the Superintendent.

The CMT will coordinate training for all administrators, physical education teachers, coaches, nurses, athletic trainers, guidance counselors and other appropriate staff. The CMT is charged with overseeing District compliance with state training requirements, and developing information for distribution to parents and students.

The CMT, in association with the Superintendent and the District's attorney, shall develop regulations, guidelines and protocols concerning concussion prevention and management not inconsistent with the *Concussion Management and Awareness Act of 2012* and the New York State Education Department's publication *Guidelines for Concussion Management in the School Setting* (June 2012).

Concussion Management Plan

The concussion program consists of six components:

1. Education

Hauppauge Public Schools will provide a New York State Public High School Athletic Association approved course of instruction relating to the recognition of symptoms of concussions and monitoring and seeking proper medical treatment for students who suffer such injuries. The course must include, but not be limited to, the following content: the definition of a concussion; signs and symptoms of mild traumatic brain injuries and how such injuries may occur; practices regarding prevention; and guidelines for return to school activities after a pupil has suffered a concussion. The course is required to be completed on a biennial basis, and shall be given to all school coaches, nurses, physical education teachers and athletic trainers. *N.Y. Education Law 305(42)(a)(ii)*

2. Public Information

Information relating to concussions will be posted on the District's website. Additionally, information regarding where to locate information relating to concussion symptoms and return-to-play protocol will be included with the parent/guardian consent form required for a student's participation in interscholastic sports.

3. Baseline Neurocognitive Testing (ImPACT)*

This testing, when available, is what allows for OBJECTIVE measurement of severity of injury and extent of return of function after a concussion is sustained. It is an approximately 30 minute computer-based test that is administered to athletes who participate in contact/collision sports (football, soccer, wrestling, competitive cheerleading and lacrosse) before their athletic season starts (grades 7, 9 & 11). Baseline testing is performed once every two years. It measures several subtle aspects of brain function. The software utilized is ImPACT. This is the same software used by the NFL, NHL, and MLB. It allows for testing of athletes 12-65 years of age. All baseline tests will be administered in the District's computer labs. District-based personnel will be trained on how to proctor the testing. The data is then stored on an internet-based server. Access to the data is granted only by the school district and the parents. If a student isn't baseline tested, all other return-to-play procedures will be implemented to ensure a safe return to activity.

Neurocognitive computerized tests and sideline assessments may assist District staff in determining the severity of a student's symptoms. **They are not a replacement for a medical evaluation to diagnose a concussion.** All students with a suspected concussion are to be seen as soon as possible by a certified physician. Results from assessment tools or tests completed at school should be shared with 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.

*** If the student were given the baseline test, this information will be utilized to help determine their return to play. The school physician will still need to approve the student to return to play.**

4. Proper Sideline Management

Coaches, athletic trainers, and school physicians will be trained on the proper guidelines for removing a student athlete from play. As per the NYSPHSAA regulation, any student removed from play because of suspected head injury cannot return to play on that day unless cleared by the school medical officer(s) approved by the Hauppauge School District. If there is any doubt as to whether a student has sustained a concussion, it should be treated as a concussion! (When in doubt, sit them out.)

5. Proper Post-Injury Evaluation

It is imperative that an athlete who sustains a head injury be seen by a trained medical officer familiar with concussion signs and symptoms.

6. Proper Return to Play Protocol and Clearance

Once a student athlete is diagnosed with a concussion, they should only be cleared to return to athletics by an ImPACT certified physician. No student should return to full athletics before going through a return-to-play protocol. This is usually a 3-5 day supervised program. 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. No student athlete should return to play while symptomatic. Students are prohibited from returning to play the day the concussion is suspected. If there is any doubt as to whether a student has sustained a concussion, it should be treated as a concussion! (When in doubt, sit them out.)

The following criteria will be utilized before any athlete is cleared to return to play:

1. Asymptomatic during rest
2. Asymptomatic during exertion
3. Acceptable signs on IMPACT neurological testing

The following is a recommended sample return-to-physical activity protocol based on the Zurich Progressive Exertion Protocol and the New York State Guidance Document: <http://bjsm.bmj.com/content/47/5/250/T1.expansion.html>

- **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:
- **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 athletic trainer and nurse will oversee return-to-play protocol with the chief medical officer and the concussion certified physician. Final return-to-play decisions will be made by a concussion certified physician and chief medical officer.

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