

## Sherburne-Earlville Central School Concussion Management Protocol

The National Federation of High School Associations (NFHS) has implemented a standard rule change in all sports dealing with concussions in student-athletes. The basic rule in all sports states:

**“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.”**

A **concussion** is a mild traumatic brain injury that occurs when a blow or a jolt to the head disrupts the normal functioning of the brain. Some students lose consciousness, but others are just dazed or confused. A concussion can also occur due to whiplash.

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The following protocol has been established in accordance to the National Federation of State High School Associations and the International Conference on Concussion in Sport, Prague 2004. In addition it has been fabricated in a collaborative effort with concussive experts within the great Central New York area and the Sherburne-Earlville Central School’s Supervising Medical Officers and concussion management team. As such it is imperative to remember the safety of the student is the primary concern of Sherburne-Earlville School District and its medical personnel.

The information contained below is to be used as mere guidelines that are to be implemented in the time following a concussive event. This information is **not to be considered as all-inclusive or all encompassing.**

When a student shows signs or **symptoms of a concussion** or is suspected to have sustained a brain injury after an evaluation by medical personnel or athletic trainer at the time of the incident:

1. The Student **will not** be allowed to return to play/activity in the current game or practice.
2. The Student should not be left alone, and regular monitoring for deterioration is essential over the initial few hours following injury.
3. Following the initial injury, the Student **will be seen by** a Health Care Provider or in the Emergency Department within the first 24 hours.
4. The student **must have** the “**initial Concussion Checklist** by Athletic Trainer or Coach/Nurse” and the “Concussion Checklist **Healthcare Provider Evaluation**” signed. These forms must be returned to School Nurse at Sherburne-Earlville Central School.
5. Return-to-play **must follow a medical clearance by a physician in writing** and successful completion of the “Return to Play Procedure.”
6. The nurse will supervise and document the “Return to Play Procedure.” School District appointed M.D. has final determination for student’s return to play status.

**The medical director will permit the school nurse of each building to accept a medical clearance for concussion from a private physician.** The student will complete the Return-to-Play procedure as outlined in the Concussion Management Program for Sherburne-Earlville Schools. The school nurse may still defer to the school physician with questions or concerns regarding the clearance.

**Physical rest:** Activities students should avoid include, but are not limited to, the following: contact and collision, high speed in tense exercise/sports, high risk for re-injury or impact, and any activity that results in an increased heart rate or increased head pressure.

● The cornerstone of proper concussion management is rest until all symptoms resolve and then a graded program of exertion before return to sport/activity. The program is broken down into six steps in which only *one step is covered per one 24-hour period.*

*The six steps involved with the Return-to-Play Procedure are: (for Middle/High school students)*

|    |                                                                                                                                                                                                                            |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | No physical activity                                                                                                                                                                                                       |
| 2. | Low levels of physical activity, i.e., walking, light jogging, light stationary biking, light weight lifting (lower weight, higher reps, no bench, no squat).                                                              |
| 3. | Moderate levels of physical activity with body/head movement, moderate jogging, brief running, moderate intensity stationary biking, moderate-intensity weightlifting (reduced and/or reduced weight from typical routine) |
| 4. | Heavy non-contact physical activity, to include sprinting/running, high intensity stationary biking, regular weight-lifting routine, non-contact sport-specific drills (in 3 planes of movement).                          |
| 5. | Full contact in controlled practice.                                                                                                                                                                                       |
| 6. | Full contact in game play.                                                                                                                                                                                                 |

*The six steps involved with the Return-to-Play Procedure are: (for Elementary school students)*

|    |                                                                                        |
|----|----------------------------------------------------------------------------------------|
| 1. | No physical activity                                                                   |
| 2. | Locomotive Activities for 10 minutes.                                                  |
| 3. | Locomotive Activities for 10 minutes.                                                  |
| 4. | 20 minutes of activity, 10 minutes locomotive activity and 10 minutes lesson activity. |
| 5. | 20 minutes of activity, 10 minutes locomotive activity and 10 minutes lesson activity. |
| 6. | 30 minutes of activity, 10 minutes locomotive activity and 20 minutes lesson activity. |

*If any concussion symptoms reoccur, the student should drop back to the previous level and try to progress after 24 hours of rest. In addition, the student should also be monitored for recurrence of symptoms due to mental exertion, such as reading, working on a computer, or taking a test.*

● No student who is on restricted activities for treatment of a concussion will be required to complete packets of reading or written information in place of physical participation in the physical education program, as cognitive rest is needed.

**Cognitive rest:** Activities students should avoid, but are not limited to, the following: computers, video games, television viewing, texting, reading, writing, studying, homework, taking a test or completing a project, loud music and bright lights.

● **Academic accommodations** will be made for the concussed student, if necessary, to ensure that the concussed student will have a safe and successful return to school. --Accommodations may include, but are not limited to:

- Rest breaks, if needed, during the school day in a quiet location.
- Reduced course and work load, if necessary.
- Avoid over-stimulation, (such as cafeteria or noisy hallways).
- Avoid re-injury, especially in PE class and crowded hallways/stairs.
- Extra time and quiet location for testing, if needed.
- Provide student with class notes or allow student to audiotape classes.
- Allow student to wear sunglasses to help with light sensitivity, if needed.
- **The school guidance counselor and nurse will communicate on a regular basis with all staff involved in the student's academic program, as needed.**