

Waterloo Central School District

Concussion Management Plan

Return to Physical Activity

Return to Learn

Return to Play



*Revised
May 2020*

Concussion Management Team

*Jada Bryant, Melissa Stenberg, Mark Pitifer, Ben Raymo, Rick Spaulding,
Christal Kent, Ian Hurlburt, Jennifer Hayden, Grace Freier, Sherri Monell
Ad Hoc Member- Brian Rieger*

This page left intentionally blank

Concussion Management

The Board of Education recognizes that concussions and head injuries are the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. The physical and mental well-being of our students is a primary concern. Therefore, the Waterloo Central District adopts the following Policy to support the proper evaluation and management of concussion injuries.

A concussion is a mild traumatic brain injury (MTBI). A concussion occurs when normal brain functioning is disrupted by a blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Recovery from concussion and its symptoms will vary. Avoiding re-injury and over-exertion until fully recovered are the cornerstones of proper concussion management. Concussions can impact a student's academics as well as their athletic pursuits.

Concussion Management Team (CMT)

In accordance with the Concussion Management and Awareness Act, the District has established a Concussion Management Team (CMT) which is composed of the certified athletic director, a school nurse, the school physician (as a consultant), a coach of an interscholastic team, a certified athletic trainer, a school teacher/librarian, school counselors and other appropriate personnel as designated by the District.

The Concussion Management Team meets one time per year in the spring and is responsible for developing policy and procedures for Return to Learn, Return to Activity (non-interscholastic athletes), and Return to Play (interscholastic athletes).

In addition, the CMT reviews district head injury data to determine if further training, alternative sports related safety equipment or safety procedural changes are required.

Staff Training/Course of Instruction

The CMT oversees and implements the District's concussion policy and regulations, including the requirement that all school coaches, physical education teachers, intramural coaches, advisors of school clubs and certified athletic trainers who work with and/or provide instruction to pupils engaged in school-sponsored athletic activities complete training relating to mild traumatic brain injuries. In addition to these requirements, the District requires that *all* staff have yearly on-line training through *Safe Schools*.

The District has selected the Center for Disease Control (CDC) *Heads Up* on-line training, to fulfill the requirements for school coaches, physical education teachers, intramural coaches, advisors of school clubs and certified athletic trainers. Components of the training include:

- a) The definition of MTBI;
- b) Signs and symptoms of MTBI;
- c) How MTBIs may occur;
- d) Practices regarding prevention; and

e) Guidelines for the return to school and school activities for a student who has suffered an MTBI, even if the injury occurred outside of school.

Information to Parents

The CMT also oversees and implements a program which provides information on mild traumatic brain injuries to students, and parents and persons in parental relation throughout each school year.

The District shall include the following information on MTBI/concussion in any permission or consent form or similar document that may be required from a parent/person in parental relation for a student's participation in interscholastic sports. Information will include:

- a) The definition of MTBI;
- b) Signs and symptoms of MTBI;
- c) How MTBIs may occur;
- d) Practices regarding prevention; and
- e) Guidelines for the return to school and school activities for a student who has suffered an MTBI, even if the injury occurred outside of school.
- f) How to obtain more information on MTBI/concussion from the New York State Education Department and the Department of Health websites.

Information to Students

The District shall provide information on MTBI/concussion to students. This will occur annually for all students in grades 6-12. Information will be reviewed periodically with student athletes throughout each athletic season. The provided information will include:

- a) The definition of MTBI;
- b) Signs and symptoms of MTBI;
- c) How MTBIs may occur;
- d) Possible long term effects resulting from MTBI/concussion
- e) important of reporting symptoms to appropriate personnel

Concussion Management Plan

The Waterloo Central District seeks the safe return to learning, physical activity and competitive sports for all injured students. Recent research in concussion management has increased awareness of the impact of mild traumatic head injuries, commonly known as concussions, in both the medical community and the general public. This valuable knowledge leads us to refine our approach to concussion recognition and management. The following recommendations, developed for the Waterloo Central Schools, are in part extracted from the National Athletic Trainers' Association Position Statement: Management of Sports-Related Concussion. In addition, this concussion management plan was derived from materials developed by the CDC, NYSPHAA, NYSED, as well as through consult with the district physician, Dr. Grace Freier.

These recommendations provide guidelines for concussion recognition, management, and safe return to learning, sports, and activity for school personnel. Academic assistance, medical monitoring, and counseling may be necessary during the school day for a student with a mild traumatic brain injury. Appropriate school personnel, the student, parent(s), the school physician and the student's personal physician will contribute to developing the support plan for impacted students on a case by case basis.

This Concussion Management plan will be reviewed annually by the district's Concussion Management Team with input from the school physician.

Contents

- I. Recognition of concussion
- II. Immediate referral guidelines for all school personnel
- III. Guidelines for School Personnel
- IV. Follow-up care during the school day
- V. Return to Physical Activity procedures
- VI. Return to Learn
- VII. Return to Play (Interscholastic Sports)

I. Recognition of Concussion

An injury-related concussion usually involves a blow to the head either directly or indirectly. The following are common signs and symptoms of injury-related concussions:

1) Signs (observed by others):

- Loss of consciousness (any duration)
- Nausea or vomiting
- Dazed or stunned
- Confusion (about assignment, details, etc.)
- Forgets plays
- Unsure about activity, details
- Moves clumsily (altered coordination)
- Balance problems
- Personality/or behavior changes
- Responds slowly to questions
- Forgets events prior to injury
- Forgets events after injury

2) Symptoms (reported by student):

- 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 are indicative of probable concussion. Other causes for any of these signs/symptoms should also be considered.

II. Immediate Referral Guidelines for All Staff

1. A student 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.
 2. A student who has symptoms of a concussion and is not stable (condition is rapidly deteriorating), is to be transported immediately to the nearest emergency department via emergency vehicle.
 3. A student who exhibits any of the following signs is unstable and should be transported to the nearest emergency department via emergency vehicle:
 - deterioration of neurological function
 - decreasing level of consciousness
 - decrease or irregularity in respirations
 - decrease or irregularity in pulse
 - unequal, dilated or unreactive pupils
 - any signs or symptoms of associated injuries, spine or skull fracture
 - fluid (clear or blood) from the eyes, ears, nose or mouth
 - mental status changes: lethargy, difficulty maintaining arousal, increasing confusion or agitation
 - seizure activity
 - cranial nerve deficits
 4. A student who is symptomatic but stable (meaning not showing any of the unstable signs listed above), may be transported by his or her parents. The parents should be advised to contact the student's primary care physician or seek care at the nearest emergency department within 24 hours. Parents will be provided with a completed sideline evaluation form titled, "Head Injury Notification and Home Instruction." The sideline evaluation will be signed off by the school nurse, the coach, the athletic trainer, or the Director of Athletics.
 5. If the parents are unavailable, the individual(s) listed as emergency contacts may be allowed to transport the student home if the individual(s) understands the home care instructions and is able to monitor the student. If the individual is unable/unwilling to assume responsibility for the student, the coach remains responsible for the student. S/he should continue to contact the parents and/or seek evaluation at the nearest emergency department.
 6. Parents should always have the option of emergency transportation, even if it is not deemed necessary.
 7. If the parent(s) refuses treatment and/or transportation to an emergency department, parents must assume the responsibility of the student.
-

III. Guidelines for School Personnel

1. Any student who exhibits signs or symptoms of a concussion shall be removed from play immediately and shall not be allowed to return to activity that day. School personnel should be familiar with the signs and symptoms of a concussion.

2. If a staff member suspects the student has sustained a concussion, the student shall be removed from activity until medically evaluated.

3. Refer the student for medical evaluation.

4. School personnel should report all head injuries to the school nurse as soon as possible for medical assessment, management, home instructions and follow-up care.

5. The school nurse or supervising staff member (if after-school activity) is responsible for notifying the student's parents of the injury:

- The staff member should contact the parents, inform them of the injury, and make arrangements for the parents to pick the student up at school. The staff member is to remain with the student until the parents arrive.
- The staff member should encourage the parents to follow up with the appropriate health care professional.
- The staff member should instruct the student to report directly to the school nurse the day he or she returns to school after the injury.
- The staff member should alert the school nurse so follow-up can be initiated.

6. In the event that a student's parents cannot be reached and the student is able to be sent home (rather than directly to an emergency department):

- The staff member should insure that the student will be with a person identified on the students' emergency contact form who is capable of monitoring the student and understands the home care instructions before allowing the student to go home.
- The staff member should continue efforts to reach the parents.
- If there is any question about the status of the student, or if the student is not able to be monitored appropriately, the student should be referred to the emergency department for evaluation. A designated staff member/administrator should accompany the student and remain with the student until the parents arrive.

7. A Waterloo District accident report form should be completed by the staff member who witnessed the incident, or who was responsible for the student at the time of the incident, and should be forwarded to the school nurse as soon as possible after the injury.

IV. Follow-Up Care During the School Day

It is important for school leaders to identify a school staff member on the Concussion Management Team who will function as a case manager or concussion management leader, such as a school nurse, athletic trainer, school counselor or other identified school professional. This person will have the role of advocating for the student's needs and serve as the primary point of contact for the student, family and all members of the concussion management team. In most cases the concussion management leader will be the school nurse.

1. Responsibilities of the school nurse (Concussion Management Leader) after notification of a student's concussion.

The student will be instructed to report to the school nurse upon his or her return to school. The school nurse will:

- Re-evaluate the student utilizing a graded symptom checklist.
- Notify the student's teacher and school counselor immediately and include an individualized health care plan as needed including removal from physical activity in the classroom (e.g. brain breaks), and removal from loud or overstimulating settings (e.g., cafeteria, band, chorus).
- Notify the student's physical education teacher immediately that the student is restricted from all physical activity until further notice.
- Regular monitoring for concussion symptoms or change in neurological exam. Notify parent as needed.
- Clinical assessment before and after student returns to activity.

In addition to the concussion management leader, the concussion case manager is responsible for ensuring all are informed and understand how to implement the student's accommodations. In the majority of cases, the concussion case manager will be the student's school counselor.

2. Responsibilities of the students' school counselor/teacher (Concussion Case Manager)

- Monitor the student closely and recommend appropriate academic accommodations to the student's teachers.
- Communicate any changes made to the student's individual education plan to the school nurse.

V. *Return to Physical Activity*Procedures*

Non-Athlete* Return to School-Related Physical Activity Post Concussion

(PE, Recess, Intramurals, Classroom Activities (e.g., brain breaks), After School Physical Activity Related Clubs and Activities (e.g., Ski Club, Drama Club)

***Non-Athlete: Any student who is not currently participating in Interscholastic Athletics.**

1. Return to physical activity on the same day of injury

- Any student who exhibits signs or symptoms of concussion or any loss of consciousness **shall not** be permitted to return to physical activity on the day of injury.
- **"When in doubt, hold them out"**

2. Return to School-Related Physical Activity after concussion

Note: This does not include Interscholastic Sports- see Section VII.

Students will be removed from physical activity (PE, recess, intramurals) for a minimum of **7** calendar days post injury, or longer, as necessary per the School Physician or his designee.

At the end of the activity restriction, the student should be symptom-free for 24 hours. Once the student has been symptom-free for 24 hours the school physician, or his designee, will meet with the student and provide clearance for school related physical activity. During the student's recovery, families are also encouraged to involve the impacted student's personal physician, however, the school physician's advisement regarding return to activity, learning and play (interscholastic sports) will be the deciding factor.

School health personnel along with PE teachers will then have the student participate in a minimum observed physical exertion (Phase 1 of progression). There will be pre and post exertion evaluation by the school nurse. If the student is symptom-free after exertion, he/she may progress through the Return to Activity progression levels for return to full activity.

3. The district recommends that **parents** follow the six-step return to exertion program at home, if deemed appropriate by the school physician or his designee, to help their student safely and gradually resume activity. The district further recommends that the parent question their student following each stage of the progression of physical activity for return of concussion symptoms. If at any stage, symptoms recur or worsen, the parent should **STOP** all activity and contact their health care professional for further guidance.

The District will recommend (in writing) the following physical activity progression to families:

Phase 1 low impact non-strenuous light aerobic activity for short intervals, such as easy walking, biking, swimming in three ten minute intervals with five minute rest in between; no resistance training

Phase 2 higher impact, higher exertion activity in two 15 minute intervals with 3 minute rests in between, such as running/jumping rope, skating, or other cardio exercise; no weight lifting

Phase 3 repeat Phase 2 as three 15 minute intervals with a 1-2 minute break in between, and add 10 to 15 min. stationary skill work, such as dribbling, serving, tossing a ball, (balls should not be thrown or kicked in the direction of the student); light weight lifting with spotting is allowed

Phase 4 repeat Phase 3 without break, and add skill work with movement (allowing balls to be thrown/kicked in the direction of student); non-contact training drills; progression to more complex, sport-specific training drills

Phase 5 activities of Phase 4 with increased intensity and duration

Phase 6 warm up followed by full participation in normal play as tolerated

Note: If the student experiences post-concussion symptoms during any phase, the student drops back to the previous asymptomatic level and resumes the progression after 24 hours.

VI. Return to Learn: Concussion Management Plan

1. Student Information:

Name: _____ **DOB:** _____

School _____ **Grade:** _____

Counselor/Concussion Case Mgr. _____

Nurse/Concussion Management Leader: _____

Date of Injury:

Mtg. Date(s): _____

Previous Concussions (approximate dates)

Pre-existing conditions (e.g., ADHD, Learning Disability, Emotional Disability)

2. Return to Learn Concussion Mgmt. Team Members:

(check all that apply; record names next page)

- Student
- Parent(s)/Guardians
- Sports Coaches /Activity Advisors (e.g., ski club advisor)
- Day Care Providers
- Student's Physician
- School Physician or designee
- School Nurse (Concussion Management Leader)
- Teacher(s) (Concussion Case Manager /elementary)
- School Psychologist
- School Counselor (Concussion Case Manager)
- Speech Language Pathologist
- School Principal (or other school administrator)

3. Identify Symptoms – to be completed before student progresses to a new level

Student Name _____

*Date of Symptom Report: _____

**Multiple Symptom Reports Will Be Completed and Shared with appropriate Medical Team Members as the Student Progresses Through the Phases of Recovery*

Signs and Symptoms of a Concussion		
Thinking/Remembering	Reported by Student	Observed by Parent
Is confused about events		
Answers questions slowly		
Repeats questions		
Can't recall events prior to the hit, bump, or fall		
Can't recall events after the hit, bump, or fall		
Forgets class schedule or assignments		
Difficulty thinking clearly		
Difficulty concentrating or remembering		
Physical		
Feeling more slowed down		
Feeling sluggish, hazy, foggy or groggy		
Headache or pressure in head		
Nausea or vomiting		
Balance problems or dizziness		
Fatigue or feeling tired		
Blurry or double vision		
Sensitivity to light or noise		
Numbness or tingling		
Does not "feel right"		
Appears dazed or stunned		
Loses consciousness (even briefly)		
Behavior		
Shows behavior or personality changes		
Irritable		
Sad		
More emotional than usual		
Nervous		
Sleep *		
Drowsy		
Sleeps less than usual		
Sleeps more than usual		
Has trouble falling asleep		
*only ask about sleep if injury occurred the previous day		

4. Identify Specific Factors That May Worsen the Student's Symptoms

- a. Do some classes, subjects, or tasks appear to pose greater difficulty than others (compared to pre-concussion performance)?
- b. For each class, is there a specific time frame after which the student begins to appear unfocused or fatigued (e.g., headaches worsen after 20 minutes)?
- c. Is the student's ability to concentrate, read or work at normal speed related to the time of day (e.g., the student has increasing difficulty concentrating as the day progresses)?
- d. Are there specific things in the school or classroom environment that seem to distract the student?
- e. Are any symptoms linked to a specific event, setting (bright lights in the cafeteria or loud noises in the hallway), task, or other activity?

5. Strategies for Addressing Concussion Symptom at School

(Please note: these strategies will vary based on the student's age, level of understanding, and emotional status)

COGNITIVE

- a. Concentrate first on general cognitive skills, such as flexible thinking and organization, rather than academic content.
- b. Focus on what the student does well and expand the curriculum to more challenging content as concussion symptoms subside.
- c. Adjust the student's schedule as needed to avoid fatigue: shorten day, time most challenging classes with time when student is most alert, allow for rest breaks, reduced course load.
- d. Adjust the learning environment to reduce identified distractions or protect the student from irritations such as too-bright light or loud noises.
- e. Use self-paced, computer-assisted, or audio learning systems for the student having reading comprehension problems.
- f. Allow extra time for test/in-class assignment completion.
- g. Help the student create a list of tasks and/or daily organizer.
- h. Assign a peer to take notes for the student.

- i. Allow the student to record classes.
- j. Increase repetition in assignments to reinforce learning.
- k. Break assignments down into smaller chunks and offer recognition cues.
- l. Provide alternate methods for the student to demonstrate mastery, such as multiple-choice or allowing for spoken responses to questions rather than long essay responses.

BEHAVIORAL/SOCIAL/EMOTIONAL

- a. If the student is frustrated with failure in one area, redirect him/her to other elements of the curriculum associated with success.
- b. Provide reinforcement for positive behavior as well as for academic achievements.
- c. Acknowledge and empathize with the student's sense of frustration, anger or emotional outburst: "I know it must be hard dealing with some things right now."
- d. Provide structure and consistency; make sure all teachers are using the same strategies.
- e. Remove a student from a problem situation, but avoid characterizing it as a punishment and keep it as brief as possible.
- f. Establish a cooperative relationship with the student, engaging him/her in any decisions regarding schedule changes or task priority setting.
- g. Involve the family in the development of the concussion/symptom management plan.
- h. Arrange preferential seating, such as moving the student away from the window (e.g. bright light).

6. Return to Learn Plan

Below are recommendations on academic adjustments or accommodations that might be anticipated as a result of documented medical and assessed educational need. Symptom severity may evolve or improve in an unpredictable fashion, and, therefore, flexibility and close communication among the appropriate health care professionals, the school, the family and the student are essential. The school and the family should monitor symptoms (See Section 3, Monitor Symptoms) as each stage of increased academic involvement advances and advise the appropriate health care professional of concerns. The Concussion Management Team should individualize each stage suggested below based on the student's assessed academic needs and tolerance for mental exertion. The Concussion Management Case Manager (typically the student's school counselor) will facilitate communication among all parties. The Concussion Management Team will make academic adjustments, accommodations, or modifications accordingly.

The **Return to Learn** graduated steps begin when symptoms have abated. Unlike the **Return To Play** Protocol, the **Return to Learn** Protocol might start at any level and progress at a rate individualized to the student's needs and tolerance. Steps might be skipped as tolerated, though the ultimate decision on academic adjustments rests with the Concussion Management Team.

Points of Emphasis

- To initiate the Return to Learn protocol, the student must be evaluated by the school physician or his designee and documentation must be provided to the school that the student may return to school.
- The protocol emphasizes allowing the student to remain at home for adequate rest and then to participate in school in a modified fashion so as not to worsen symptoms. Determining "how much is too much" may be a trial and error process.
- **The student should be granted alternate assignments, including assignments waived, as well as adequate time to complete prioritized missed academic work. The student should not be required to make up all missed assignments to avoid worsening of symptoms.**
- The student should report to the concussion management leader (nurse) and case manager (typically school counselor or classroom teacher –elementary level) **daily** in order to monitor symptoms and assess how the student is tolerating the accommodations as well as assess how staff is implementing the modified learning plan. These check-ins can be accomplished simultaneously by having both nurse and counselor meet with the student at the same time.
- **As the student's recovery progresses through the outlined phases, teachers should be prepared to identify only essential academic work to reduce the student's anxiety related to missed assignments and to provide for appropriate cognitive rest.**

Step 1 Rest and Recovery - as Identified by Doctor and Supervised by Parent

Can move to next step when acute symptoms are improving.

- Full cognitive rest/sleep/nutrition/hydration.
- No school, no physical activity including sports, no homework, no testing, no projects, no tutoring until symptoms begin to abate.
- No driving, no employment and limited mental exertion, or other actions that generate a worsening of symptoms
- No “screen time” including TV, video games, texting, social networks, or computer work.
- Limit exposure to bright light and sound including listening to music or practicing an instrument

Step 2 Light Mental Activity In Quiet Environment - as Identified by Doctor and Supervised by Parent

- Avoid activities that cause symptoms.**
- No homework, no testing, no practicing musical instruments, no projects, no tutor, no activity requiring intense or sustained attention or concentration, such as driving, working with heavy machinery per Step 1.
- If tolerated without a worsening or return of symptoms, may try reading sessions with one-hour rest period in-between or attempt session in a quiet public place like a public library.
- May attempt to do activity in setting with more stimulation, such as the public library, but should avoid high stimulus activities like grocery or other shopping.
- Parents may consider audiobooks and books with enlarged font.

Step 3 Increased Mental Activity in School Setting – as Identified by Doctor

- May attempt to go to school but should avoid passing time if high stimulus worsens symptoms.
- No major testing, no major projects, but may do up to one-half hour of homework outside of school as tolerated.
- May require reduced day, late start, early dismissal, planned rests in the health office as needed.
- May need curriculum prioritized to assist with backlog of assignments.
- May need a reduced course load, prioritized curriculum, modified homework including reducing or exempting the number of assignments, shortened or exempted classroom assignments, assistance with notes, books on tape, and extended time, other classroom accommodations as educational and medical teams deem appropriate.
- May attend one or two class sessions if tolerated
- May try a combination of some classes and some work in a small, quiet setting to receive assistance with assignments.

- May consider tutoring as available and tolerated.
- No homework, no testing, no projects unless doing so does not worsen symptoms.
- Should not attend physical education or participate in physical activity.
- Should avoid noisy and crowded areas, such as cafeteria, gymnasium, auditoriums, hallways, etc.
- Should be able to manage up to four hours in school of sustained mental activity without return or worsening of symptoms before advancing to Step 4.

Step 4 Partial day – as Identified by Doctor- may increase school attendance to full day as tolerated

- No major projects, may take one test as tolerated, may attend all classes, and may do up to one (1) hour of homework after school. Only one test/quiz per week as tolerated.
- Provide continued accommodations as justified based on tolerance in Step 3.
- Can try short burst of attendance in noisier environments, such as the cafeteria, band, orchestra. Should try to extend time in school to five continuous hours, with accommodations and rests only as needed.
- May require continued assistance such as tutoring in subjects that are difficult for student.
- Physical education activities with modifications/restrictions after clearance by school physician or designee. Exercise as tolerated and identified by the school physician. Location of exercise/PE activities should be considered based on symptoms and ability to tolerate noise and lighting.

Step 5 Regular School Attendance Full Time- as Identified by Doctor – Symptom Free

- Full participation in all subjects.
- No accommodations except what might have been baseline before injury, such as IEP or 504.
- Attend all classes and areas of the school without rests or breaks.
- May receive full age appropriate homework load and participate in all tests. All make-up assignments must be prioritized and assignments must be shared with the school guidance counselor (case manager)
- After clearance by school physician or designee, may commence **Return to Play** protocol for athletes.

Step 6 Neurocognitive Testing if available – as Identified by Doctor- Must be Symptom Free for 24 hrs on step 5/Full school days.

- Review results of Impact Test and compare to baseline if applicable
- Clearance to graduated **Return to Play** and physical education.

Physician Signature

Concussion Management Teams Composition & Communication Vehicles

1. Skoi-Yase and LaFayette

Team	Principal, Director of Health, PE and Athletics, School Counselor, Nurse, Teacher, Parent
Communication Vehicle	Email, Face-to-Face, Phone, Virtual Meeting
Case Manager	School Counselor, Classroom Teacher
Family Liaison	School Nurse
Health Care Professional Liaison	School Nurse

2. Middle School

Team	Principal/Asst. Principal, Director of Health PE and Athletics, School Counselor, Nurse, Teaching Team, Parent
Communication Vehicle	Email, Face-to-Face Mtg. w/ Teaching Team, Phone, Virtual Meeting
Case Manager	School Counselor
Family Liaison	School Nurse
Health Care Professional Liaison	School Nurse

3. High School

Team	Principal/Asst. Principal, Director of Health PE and Athletics, School Counselor, Nurse, Teaching Team, Parent
Communication Vehicle	Email, Face-to-Face Mtg. w/ Teaching Team, Phone, Virtual Meeting
Case Manager	School Counselor

Family Liaison	School Nurse
Health Care Professional Liaison	School Nurse

**Concussion Management
Teacher Observation/Feedback**

Student's Name: _____ **Student's Grade:** _____

School Counselor/Case Manager: _____

Concussion Management Team / Administrator: _____

Teacher's Name: _____ **Subject:** _____

1. Is the student making progress in your class?

Baseline ___yes___no **Post-injury**___yes___no

2. Is the student able to complete homework/classwork?

Baseline ___yes___no **Post-injury**___yes___no

3. What, if any, accommodations do you make for the student?

Baseline _____

Post-injury _____

4. Is the student actively participating in your class?

Baseline ___yes___no **Post-injury**___yes___no

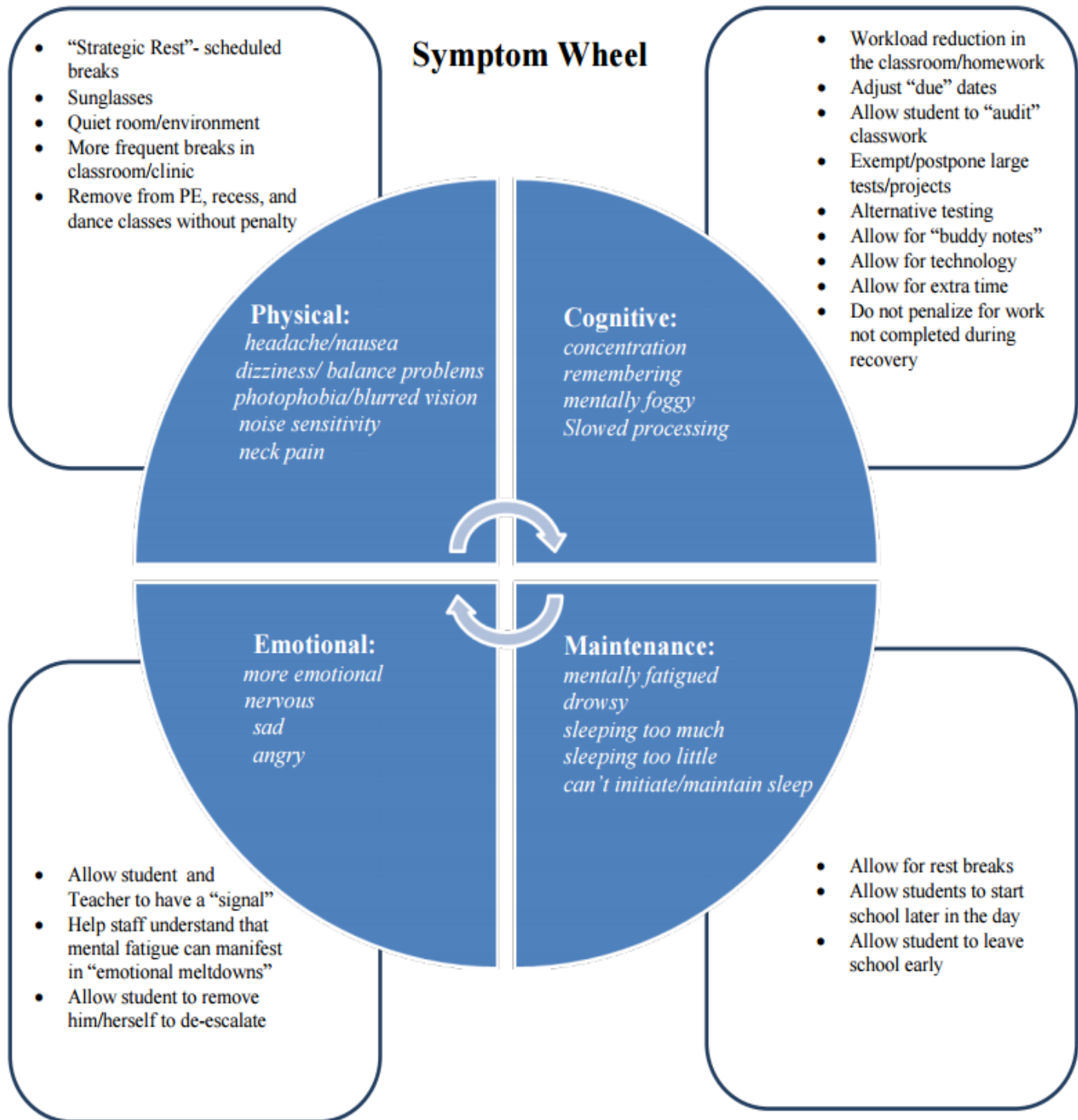
5. Is the student attentive in your class?

Baseline ___yes___no **Post-injury**___yes___no

6. Are you observing any physical symptoms (see Symptom Wheel, next page)

7. Other observations, comments, concerns?

Certain symptoms lead themselves to certain interventions. The *Symptom Wheel* helps educators align concerns with solutions (McAvoy, 2011).



Concussion Management Team Case Manager Action Items

- **Maintain regular communication with the parent(s)and the student.**
- **Facilitate communication among teachers, nurse, student and administrator.**
- **Schedule meetings as required. (Meetings may be virtual, by phone, etc.)**
- **Distribute, collect Teacher Feedback Sheets.**
- **Collect from nurse health care professionals recommendations.**
- **Distribute health care professional's recommendations and teachers' feedback/observations to members of the Concussion Management Team.**
- **Communicate teacher feedback to Concussion Management Team.**
- **Develop the student's Concussion Management - Return to Learn Plan with input from teachers and the Concussion Management Team.**
- **Distribute the plan to the student, teachers, parent(s).**
- **Reconvene the team to revise the plan as required.**

VII. Return to Play

Identification of Concussion and Removal from Athletic Activities

The District shall require the immediate removal from all athletic activities of any student who has sustained, or is believed to have sustained, a mild traumatic brain injury (MTBI) or concussion. Any student demonstrating signs, symptoms or behaviors consistent with a concussion while participating in a class, extracurricular activity, or interscholastic athletic activity shall be removed from the class, game or activity and must be evaluated as soon as possible by an appropriate health care professional. Such removal must occur based on display of symptoms regardless of whether such injury occurred inside or outside of school. If there is any doubt as to whether the student has sustained a concussion, it shall be presumed that the student has been injured until proven otherwise. The District shall notify the student's parents or guardians and recommend appropriate evaluation and monitoring.

The District has implemented a program of Neurocognitive computerized testing administered by a credentialed District staff as a concussion assessment tool to obtain baseline and post-concussion performance data. These tools are not a replacement for a medical evaluation to diagnose and treat a concussion.

Return to School Activities and Athletics

The student shall not return to physical activity (including interscholastic athletics, intramurals, physical education class, recess, and field trips requiring physical exertion or risk, e.g., amusement parks, hikes, etc.) until s/he has been symptom-free for not less than twenty-four (24) hours, and has been evaluated and received written authorization from the school physician.

In accordance with Commissioner's Regulations, the District's Medical Director/School Physician will give final clearance on a return to activity for extra-class athletics. All such authorizations shall be kept on file in the student's permanent health record.

The standards for return to athletic activity will also apply to injuries that occur outside of school. School staff should be aware that students may exhibit concussion symptoms caused by injuries from outside activities and that these visible symptoms also indicate a removal from play.

The District shall follow any directives issued by the student's treating physician with regard to limitations and restrictions on school and athletic activities for the student. The District's Medical Director/School Physician may also formulate a treatment protocol for students with concussions. The School Physician's recommendations will be final.

Post-Concussion Return to Play Protocol For Interscholastic Athletes

Student Athlete _____

Date of Injury: _____

Key Points

- Six Stage Progression of Return to Play
- Minimum of 24 hours between stages
- If, at any stage, symptoms recur, protocol begins from prior day (Step)

Testing and Medical Clearances

- Symptom Free for 24 hours
- Medical Clearance Received from Primary Care Physician
DATE: _____
- Post Injury Impact Testing Completed
DATE: _____
- Post Injury Assessment Completed by School Physician

Physician's Signature _____

DATE: _____

Day 1: Light low-impact aerobic activity (i.e., stationary bike, elliptical machine, walking-three 10 minute intervals)

Coach or Athletic Trainer

Signature: _____

DATE: _____

Day 2: Sport Specific activity (non-contact) – Jogging/running (all directions), stair-stepper, stationary hopping, catching, throwing – two, 15 minute intervals. No resistance training. Elevate heart rate up to 80% MHRT = $220 - \text{age} \times 100\%$)

Coach or Athletic Trainer

Signature: _____

DATE: _____

Day 3: Low resistance training under supervision and with spotting. If no exercise equipment is available, perform body weight exercises (i.e., push-ups, sit ups, triceps, dips, squats, lunges, core exercises, broad jumps, running up/down steps). Elevate heart rate to a minimum of 80% of MHRT. Allow up to 45 minutes of aerobic exercise.

Coach or Athletic Trainer

Signature: _____
DATE: _____

Day 4: Non-contact training drills only today. Use all previous methods to elevate heart rate to a **minimum** of 80% of MHRT. Continue aerobic exercise.

(Need school physician's signature)

Coach or Athletic Trainer

Signature: _____
DATE: _____

Day 5: Full-Contact training. Reproduce the impact forces that the athlete may encounter during their sport (i.e., ball heading, tackling, landing from a height). Elevate heart rate to a minimum of 80% of MHRT. Continue aerobic exercises.

Coach or Athletic Trainer

Signature: _____
DATE: _____

Day 6: Return to Play

Coach or Athletic Trainer

Signature: _____
DATE: _____

Coach/Athletic Trainer must return this form to the School Nurse's Office Upon Completion

SUBJECT: CONCUSSION MANAGEMENT

The Board of Education recognizes that concussions and head injuries are the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. The physical and mental well-being of our students is a primary concern. Therefore, the Waterloo Central School District adopts the following Policy to support the proper evaluation and management of concussion injuries.

A concussion is a mild traumatic brain injury (MTBI). A concussion occurs when normal brain functioning is disrupted by a blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Recovery from concussion and its symptoms will vary. Avoiding re-injury and over-exertion until fully recovered are the cornerstones of proper concussion management. Concussions can impact a student's academics as well as their athletic pursuits.

Concussion Management Team (CMT)

In accordance with the Concussion Management and Awareness Act, the School District is authorized, at its discretion, to establish a Concussion Management Team (CMT) which may be composed of the certified athletic director, a school nurse, the school physician, a coach of an interscholastic team, a certified athletic trainer or such other appropriate personnel as designated by the School District. The Concussion Management Team shall oversee and implement the School District's concussion policy and regulations, including the requirement that all school coaches, physical education teachers, nurses and certified athletic trainers who work with and/or provide instruction to pupils engaged in school-sponsored athletic activities complete training relating to mild traumatic brain injuries. Furthermore, every concussion management team may establish and implement a program which provides information on mild traumatic brain injuries to parents and persons in parental relation throughout each school year.

Staff Training/Course of Instruction

Each school coach, physical education teacher, school nurse and certified athletic trainer who works with and/or provides instruction to students in school-sponsored athletic activities (including physical education class and recess) shall complete a course of instruction every two (2) years relating to recognizing the symptoms of concussions or MTBIs and monitoring and seeking proper medical treatment for students who suffer from a concussion or MTBI.

Components of the training will include:

- a) The definition of MTBI;
- b) Signs and symptoms of MTBI;
- c) How MTBIs may occur;

(Continued)

SUBJECT: CONCUSSION MANAGEMENT (Cont'd.)

- d) Practices regarding prevention; and
- e) Guidelines for the return to school and school activities for a student who has suffered an MTBI, even if the injury occurred outside of school.

The course can be completed by means of instruction approved by State Education Department (SED) which include, but are not limited to, courses provided online and by teleconference.

Information to Parents

The District shall include the following information on concussion in any permission or consent form or similar document that may be required from a parent/person in parental relation for a student's participation in interscholastic sports. Information will include:

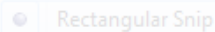
- a) The definition of MTBI;
- b) Signs and symptoms of MTBI;
- c) How MTBIs may occur;
- d) Practices regarding prevention; and
- e) Guidelines for the return to school and school activities for a student who has suffered an MTBI, even if the injury occurred outside of school.

The District will provide a link on its website, if one exists, to the above list of information on the State Education Department's and Department of Health's websites.

Identification of Concussion and Removal from Athletic Activities

The District shall require the immediate removal from all athletic activities of any student who has sustained, or is believed to have sustained, a mild traumatic brain injury (MTBI) or concussion. Any student demonstrating signs, symptoms or behaviors consistent with a concussion while participating in a class, extracurricular activity, or interscholastic athletic activity shall be removed from the class, game or activity and must be evaluated as soon as possible by an appropriate health care professional. Such removal must occur based on display of symptoms regardless of whether such injury occurred inside or outside of school. If there is any doubt as to whether the student has sustained a concussion, it shall be presumed that the student has been injured until proven otherwise. The District shall notify the student's parents or guardians and recommend appropriate evaluation and monitoring.

(Continued)

A light blue rectangular button with a small circular icon on the left and the text "Rectangular Snip" in the center.**SUBJECT: CONCUSSION MANAGEMENT (Cont'd.)**

The School District may choose to allow credentialed District staff to use validated neurocognitive computerized testing as a concussion assessment tool to obtain baseline and post-concussion performance data. These tools are not a replacement for a medical evaluation to diagnose and treat a concussion.

Return to School Activities and Athletics

The student shall not return to physical activity (including athletics, physical education class and recess) until he/she has been symptom-free for not less than twenty-four (24) hours, and has been evaluated and received written authorization from a licensed physician. In accordance with Commissioner's Regulations, the School District's Medical Director will give final clearance on a return to activity for extra-class athletics. All such authorizations shall be kept on file in the student's permanent health record. The standards for return to athletic activity will also apply to injuries that occur outside of school. School staff should be aware that students may exhibit concussion symptoms caused by injuries from outside activities and that these visible symptoms also indicate a removal from play.

The District shall follow any directives issued by the student's treating physician with regard to limitations and restrictions on school and athletic activities for the student. The District's Medical Director may also formulate a standard protocol for treatment of students with concussions during the school day.

In accordance with New York State Education Department (NYSED) guidelines, this Policy shall be reviewed periodically and updated as necessary in accordance with New York State Education Department guidelines. The Superintendent, in consultation with the District's Medical Director and other appropriate staff, may develop regulations and protocols for strategies to prevent concussions, the identification of concussions, and procedures for removal from and return to activities or academics.

Education Law Sections 207, 305(42), and 2854
8 NYCRR 135.4 and 136.5

Guidelines for Concussion Management in the School Setting, SED Guidance Document, June 2012