

NISKAYUNA SCHOOLS
PHYSICAL EDUCATION & ATHLETIC'S
CONCUSSION MANAGEMENT PLAN

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In accordance with the NYSPHSAA guidelines, the Niskayuna Central School District will adhere to the following plan as it relates to the management of mild traumatic brain injuries (concussions).

In order to meet our commitment to reduce the risk of head injuries, the following steps are needed:

1. Adoption of a concussion management policy by the Board of Education.
2. Creation of a Concussion Management Team (CMT).
3. Communication protocol to ensure that all stakeholders are informed of an injury.
4. Return to Play protocol clearly outlining from a symptom-free approach to a progressive exercise routine. This multi-day regimen would lead to the student-athletes return to competition.
5. A baseline assessment tool to test the designated athletic teams who have a higher risk for concussion.
6. Team testing schedule for the targeted athletic teams.
7. Professional development for School Nurses, Certified Athletic Trainers, Physical Education Teachers, and Coaches to complete the NYSED-approved, required training course. Certified Athletic Trainers and School Nurses must complete the Department approved course for School Nurses and Athletic Trainers every two (2) years. NYSED has approved the course Heads Up to Clinicians for these professions, which is a free web-based course developed by the CDC. Information regarding the course is available at <https://www.cdc.gov/headsup/providers/training/index.html>. Coaches and PE Teachers must complete the Department-approved course for coaches and PE Teachers every two (2) years. NYSED has approved the course Heads Up, Concussion in Youth Sports for these professions, which is a free web-based course that has been developed by the CDC. It is available at <https://nfhslearn.com/courses?query=concussion>.

Concussion Management Team (CMT)

The District will maintain a Concussion Management Team (CMT). The CMT may be made up of the following members:

- School Physician/Chief Medical Director
- Athletic Trainer
- School Nurses
- Athletic Director
- School Principals
- Athletic Coaches
- Other personnel designated by the District

The concussion management team will oversee and implement the District's concussion policies and procedures including, without limitation, the District's "Return to Play Protocol" that will be followed whenever a student is believed to have sustained a suspected head injury/concussion.

The Concussion Management Team shall:

- Keep all coaches and faculty up to date on concussion management and Return to Play protocol (RTP).
- Select a point person to act as the leader and liaison to the CMT.
- Help identify concussed students and monitor care along with return to school and interscholastic athletic participation.
- Reinforce that the School District Physician has the authority and responsibility to approve all return to participate releases (working with the student's Primary Care Physician if the student has one).

Staff Training/Course of Instruction

The District's CMT should recommend and coordinate training for all administrators, teachers, coaches and parents. Training shall be mandatory for all school nurses, coaches, assistant coaches, volunteer coaches, Physical Education teachers, and activity advisors that work with students. The course can be completed by means of instruction approved by the State Education Department (SED) which include, but are not limited to, courses provided online and by teleconference. In addition, information related to concussions shall also be included at parent meetings, as well as provided to parents at the beginning of the sports seasons through the athletic handbook. Parents need to be aware of the school district's policy and how these injuries will ultimately be managed by school officials.

Prevention and Safety

It is imperative that students know the symptoms of a concussion and to inform appropriate personnel, even if they believe they have sustained the mildest of concussions. This information should be reviewed periodically with student athletes throughout each season. Additionally, the Concussion Management and Awareness Act requires consent forms (required for participation in interscholastic athletics) to contain information on concussions and/or a reference that all students be made aware of the importance of reporting any symptoms of a concussion to their parent/guardian and/or appropriate district staff. Appropriate staff must complete the department-approved course for coaches and PE teachers every two years. NYSED has approved the course *Heads Up, Concussion in Youth Sports* for these professions, a free web-based course that has been developed by the CDC, and is available at http://www.cdc.gov/concussion/HeadsUp/online_training.html.

District staff members must follow district emergency protocols and procedures for any student reporting signs and symptoms of injury or illness. Should an injury occur, emphasis must be placed on the need for medical evaluation and the guidelines for return to play/activities. If a student has or is

believed to have sustained a concussion, they will immediately be removed from athletic activity and not return until they have been taken through the appropriate protocol.

Neurocognitive Baseline Testing (ImPact)

For the health and safety of our student athletes, Niskayuna School District has implemented ImPACT (Immediate Post Concussion Assessment and Cognitive Testing), a head-injury treatment program. This program assists our team physicians, athletic trainers and nurses in evaluating and treating head injuries (e.g., concussions). ImPACT was developed in the early 1990's by Dr. Mark Lovell and Dr. Joseph Maroon of the University of Pittsburgh. ImPACT is utilized throughout the professional, collegiate and high school athletic programs. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed. Additional information can be found at www.impacttest.com.

ImPACT test is a computerized exam given to athletes before beginning contact sport practice or competition. With the understanding that test results are valid for two years as a guiding principle, testing should be administered in Grades 7, 9 and 11 and additionally to any new athlete.

- **Fall:** Football, Boys/Girls Soccer, Cheerleading and Volleyball
- **Winter:** Wrestling, Ice Hockey, Cheerleading, Boys/Girls Basketball, Indoor Track (pole vault)
- **Spring:** Boys/Girls Lacrosse, Baseball, Softball, Track (pole vault)

Identification of a Concussion

Symptoms of a concussion include, but are not necessarily limited to:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

Students who develop any of the following signs, or if the above listed symptoms worsen, must be seen and evaluated immediately at the nearest hospital emergency room:

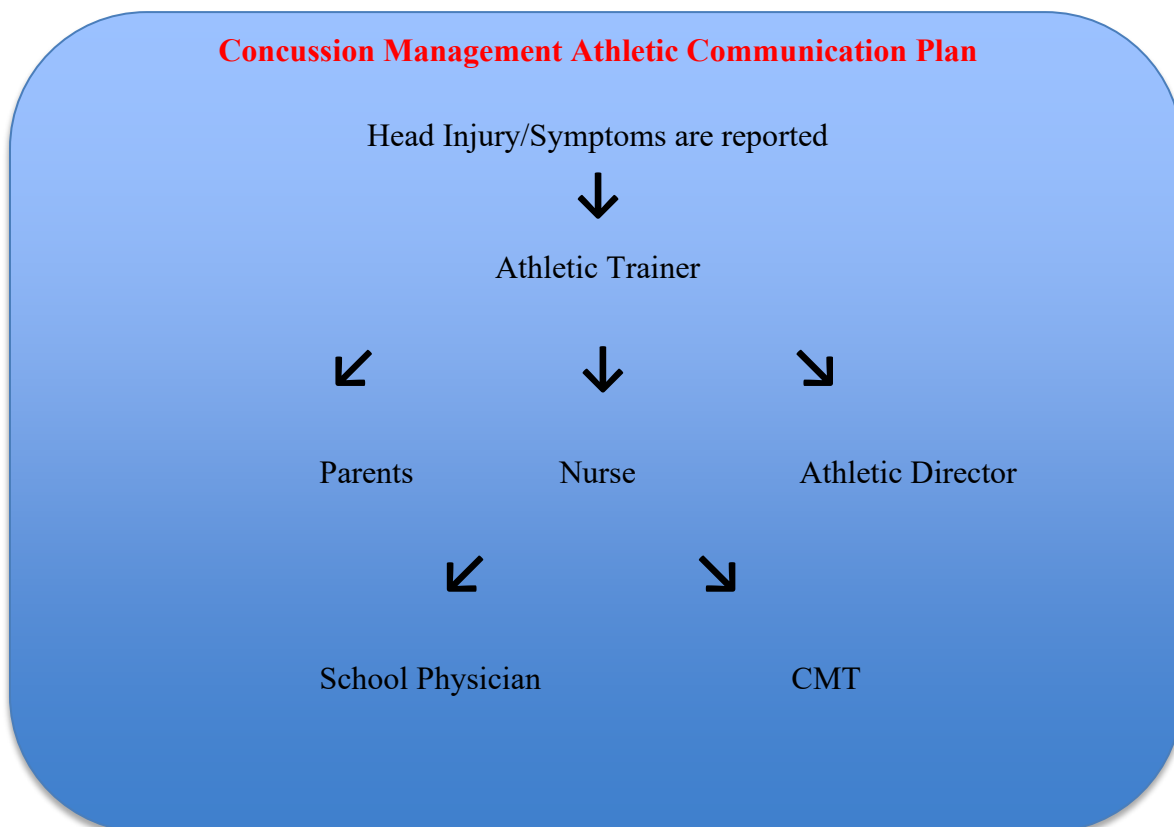
- Headaches that worsen
- Seizures

- Looks drowsy and/or cannot be awakened
- Repeated vomiting
- Slurred speech
- Unable to recognize people or places
- Weakness or numbness in arms or legs, facial drooping
- Unsteady gait
- Dilated or pinpoint pupils, or change in pupil size of one eye
- Significant irritability
- Any loss of consciousness
- Suspicion of skull fracture: blood draining from ear, or clear fluid from nose

Communication Protocol

In the event that a student receives a concussion diagnosis, the school's CMT will be notified to assist the student with both the return to play and return to school protocols. Compliance and adherence of these protocols are necessary to ensure a student's complete recovery.

The CMT will act as a liaison for any student returning to school and/or participation following a concussion. The CMT will review and/or design an appropriate plan for the student while the student is recovering.



Concussion Management PE communication plan

Head Injury/Symptoms are reported



Nurse



Parents



Principal



Athletic Director



School Physician



CMT

Concussion Diagnosis by Physician to School

Head Injury/Symptoms are reported



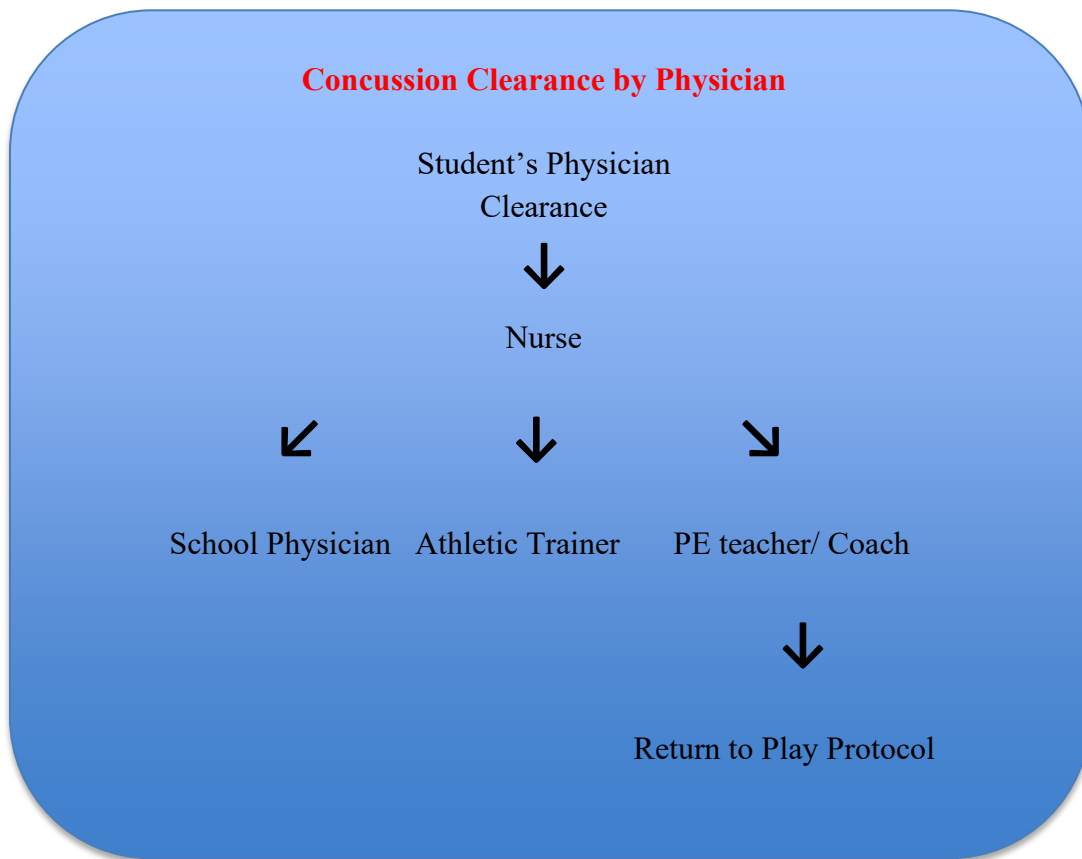
Athletic Trainer



Nurse



CMT



Student Return to Normal Activities:

After having a concussion, there are several progressive, and sometime parallel, protocols in place for a student to return to their regular activities. These include steps for a Return-to-School, a Return-to-Physical Education, and a Return-to- Play.

Return-to-School Protocol

In order to ensure a full recovery from a concussion, students must follow a Return to School Protocol. This progression involves a gradual return to the academic demands of the school day. Because recovery from concussions is highly variable and based on several factors, not all students will follow the same progression. However, the individual needs of each student will be taken into consideration when a student is released to return to school by either their primary care physician or School Physician.

When a student is medically cleared to return to school, the school principal, guidance counselor and/or designee will be contacted and notified of their medical status and any restrictions. The CMT will continue to assist in a student's academic recovery until fully medically released by a physician.

The amount of time needed to accomplish each step will vary between individuals and will be directed by the physician.

Step 1: Removal from school or modification of the school day per physician recommendations. This could include, but is not limited to, home tutoring and/or homework requests, 504 plans and IEP's.

- Step 2: Return to school partial days with CMT assistance, modification of academic workload.
- Step 3: Return to school full days with CMT assistance, modification of academic workload.
- Step 4: Return to school full days without restriction per physician release.

Return-to-Physical Education Protocol

Following a concussion diagnosis, any student returning to physical education classes must also have a proper medical release from a physician. Upon receiving a physician's release, the school nurse will clear a student to return to physical education classes under the guidance of the School Physician. Students returning to physical education must also follow a return to PE progression.

- Step 1: Low impact, non-contact, cardiovascular PE activity
- Step 2: Non-contact PE activity, moderate intensity
- Step 3: Full intensity PE activity

Return-to-Play Protocol

Return to play is a stepwise progression that a student will undergo after: 1) a complete resolution of symptoms has occurred for at least 24 hours; 2) medical clearance has been given by the athlete's private physician; and 3) medical clearance has been given by the school physician following a post injury ImPact test.

It is important for an athlete's parent(s) and coach(es) to watch for concussion symptoms after each day's return to play progression activity. An athlete should only move to the next step if they do not have any new symptoms at the current step. If an athlete's symptoms come back or if he or she gets new symptoms, this is a sign that the athlete is pushing too hard. The athlete should stop these activities and the athlete's medical provider should be contacted. After more rest and no concussion symptoms, the athlete can start at the previous step.

Return-to-Play Steps

Step 1: Back to Regular Activities (such as school) - The athlete may go back to their regular activities (such as school) once he/she has the green-light from their healthcare provider to begin the return to play process. This return to regular activities involves several steps. It starts with a few days of rest (2-3 days) and is followed by light activity (such as short walks) and moderate activity (such as riding a stationary bike) that do not worsen symptoms. You can learn more about the steps to return to regular activities at:

https://www.cdc.gov/headsup/basics/concussion_recovery.html.

Step 2: Light Aerobic Activity - The next step starts with light aerobic exercise - only enough to increase an athlete's heart rate. This could be 5 to 10 minutes on an exercise bike, walking, or light jogging. There should be no weight lifting at this point.

Step 3: Moderate Activity - Next, the athlete would continue with activities to increase their heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time and/or less weight from their typical routine).

Step 4: Heavy, Non-Contact Activity - The next step would add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

Step 5: Practice & Full Contact - At this stage, the athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

Step 6: Competition - Finally, the athlete may return to competition.

Periodic Review of Concussion Management Program

A periodic review of the concussion management policy will be conducted at least every three years or with updates to guidance

Athletic Director/Date

Health and Safety Officer/Date

Nurse Coordinator/Date

Board of Education/Date