

SCARSDALE UFSD
CONCUSSION MANAGEMENT
PROGRAM

Interscholastic, Extracurricular, and
Physical
Education-Related Head Injuries

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SCARSDALE SCHOOL DISTRICT CONCUSSION MANAGEMENT POLICY

Physical education teachers, coaches, nurses, and other appropriate staff will receive training to recognize the signs, symptoms, and behaviors consistent with a concussion. Any student exhibiting those signs, symptoms, or behaviors while participating in a school-sponsored class, extracurricular activity, or interscholastic athletic activity will be removed from the game or activity and be evaluated as soon as possible by an appropriate healthcare professional.

Depending on the circumstances, the coach, athletic trainer, or school nurse will notify the student's parents or guardians and recommend appropriate monitoring to parents or guardians.

If a student sustains a concussion at a time other than when they are engaged in a school-sponsored activity, the District expects the parent/legal guardian to report the condition to the school nurse so that the District can support appropriate management.

The student will not return to school or physical education class until authorized by an appropriate health care professional. Interscholastic athletes must complete a stepwise return to play protocol once cleared by an appropriate health-care professional. The School Physician will provide the final return to play clearance for all in-season interscholastic athletes. Any student who continues to have signs or symptoms upon return to activity will be removed from play and reevaluated by their healthcare provider.

Reference: New York State Concussion Management and Awareness Act adopted in November 2011.

Adopted after a second reading: July 9, 2012

Updated: October 2016, Adopted after second reading:

CONCUSSION PROTOCOLS

The protocols for return to school activities and return to interscholastic athletics will cover all students returning to school after suffering a concussion, regardless of whether the concussion occurred outside of school or while participating in a school activity. The Concussion Management Policy and Regulations will be made available on the District website.

CONCUSSION MANAGEMENT TEAM

The District will assemble a Concussion Management Team (CMT). The CMT will consist of the District Physician, the Director of Athletics, Director of Physical Education and Health, the Assistant Superintendent for Special Education and Student Services, school nurses, a guidance counselor, a school psychologist, an athletic trainer and physical education teachers. The District CMT will coordinate the dissemination of pertinent information to all administrators, teachers, coaches, and parents. Training is mandatory for all nurses, athletic trainers, physical education teachers, and coaches who work with students.

TRAINING AND EDUCATION

Training for the Concussion Management Team will provide current information about signs and symptoms of concussions, post-concussion and second-impact syndromes, return to play and school protocols for student athletes, and available area resources for concussion management and treatment. Particular emphasis should be placed on the fact that no athlete will be allowed to return to play on the day of the injury and that all athletes must follow the school protocols prior to returning to participation in interscholastic sports.

Concussion information will be provided for all administrators, teachers, coaches, school nurses, athletic trainers, and guidance counselors. Extensive information on concussions and brain injuries can be found on the Centers for Disease Control website: <http://www.cdc.gov/headsup/index.html>

Parents and student athletes will receive communication outlining information regarding concussion management procedures and protocols as well as resources regarding concussion risks at the start of each season.

ACCOMMODATIONS IN ACADEMIC AREAS:

- The student's teacher and all staff members providing instruction to the student shall be notified by the Dean/School Counselor with regard to the student's medical condition.
- The student may attend school full time with considerations to be given to modifying the school day, including allowance of rest breaks, shortened days, reduced screen time, extra time to complete work and tests, and reduced homework load.
- The teacher will permit the student to reduce his workload by shorter papers and less reading. Extended and flexible deadlines on papers and projects.

BASELINE AND POST-INJURY NEUROCOGNITIVE TESTING FOR STUDENT ATHLETES:

Prior to interscholastic competition, athletes at Scarsdale High School will be given an established computerized neurocognitive assessment, which can be used as a baseline measurement in the event of a concussion. If an athlete suffers a head injury, a physician may request that the district share this baseline measurement and administer a post-injury neurocognitive assessment to assist in the diagnosis and treatment of the injury. Parents may opt-out of neuropsychological testing using the form in [Exhibit C](#).

*The District is using ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing), a web-based software program, to administer these assessments. Information on this assessment tool can be found at: www.impacttest.com.

**A student may receive an "invalid" score on an ImPACT test. A student would receive an "invalid" score if the result indicated that something went wrong with the test. For example, if a student just clicks on the answers quickly without reading the directions, the test will invalidate the score based on the fact that he or she responded too quickly to the prompts. In the case of an invalid score, the student will be tested again. If the student receives an "invalid" result a second time, the school nurse or athletic trainer will contact the parents.

STEPWISE PROTOCOL FOR STUDENT ATHLETES

Returning to interscholastic sports 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. The New York State Public High School Athletic Association (NYSPHAA) “return to play” recommendations are based on the applicable research. No student-athlete should return to play while symptomatic. Students are prohibited from returning to play the day the concussion is sustained. If there is any doubt as to whether a student has sustained a concussion, it should be treated as a concussion. Once the student-athlete is symptom-free at rest for 24 hours and has a signed and completed District release ([Exhibit B](#)) by their treating clinician, she/he may begin the Stepwise Progression below.

Stepwise Progression:

- 1) Clearance ([Exhibit B](#)) from physician
- 2) Post-impact Neuropsychological Test
- 3) Clearance from District Physician
- 4) Complete Return to Play Protocol (RTP):
 - Day 1: Light aerobic activity
 - Day 2: Sport-specific activity
 - Day 3: Non-contact training drills
 - Day 4: Full contact practice
 - Day 5: Return to full activity

Each RTP step should take 24 hours so that an athlete would take approximately one week to proceed through the full rehabilitation protocol once they are asymptomatic at rest upon exertion. If any post-concussion symptoms occur while in the RTP protocol, then the student should drop back to the previous asymptomatic level and try to progress again after a further 24-hour period of rest has passed. The program is broken down into five steps in which only one step is covered a day. 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.

CONCUSSION MANAGEMENT PROCEDURES

1. If a student suffers or reports a head injury (possible concussion) and/or exhibits any signs or symptoms:
 - a. The coach, physical education teacher, nurse, and/or athletic trainer will:
 - i. Immediately remove the athlete from play, competition, or activity.
 - ii. *If the injury was witnessed:* Complete the Post Head Injury Checklist ([Exhibit A](#)), and notify parent, request pick up of athlete to seek medical attention, and give Concussion Checklist to parent.
 - iii. Complete incident report.
 1. A copy of the incident report and Post Head Injury Checklist (if indicated) will be sent to the nurse within 48 hours (an email notification will be sent if possible).
 - b. The family will be advised to seek medical attention and report findings to the health office.
 - c. Private Medical Provider:
 - i. Will assess and diagnose the student. Provide documentation for parents including diagnosis, physical and/or academic accommodations, and for what period of time.
 - ii. Provide a completed and signed post-injury clearance form ([Exhibit B](#)) to the school nurse.
 - d. The school nurse:
 - i. Will follow up with the family/private health care provider to provide support and understand if any post-injury accommodations are needed.
 1. The school counselor/dean will notify the appropriate teachers and request that the student receive academic accommodations if indicated by the private healthcare provider.
 - ii. On resolution of the concussion, the nurse will receive a signed and completed post-head injury clearance form ([Exhibit B](#)) from the physician, allowing the student to return to all activities.
 1. For Non-Interscholastic Athletes:
 - a. The nurse will notify the school counselor/dean, and the Physical Education Department that the student may return to all activities and regular academic engagement.
 2. For Interscholastic Athletes:
 - a. The nurse will notify the Athletic Department and the Dean or House Counselor.
 - b. The Athletic Department will initiate and supervise the stepwise progression.

***If a student suffers a subsequent concussion within 12 months of having been concussed, it is recommended that the student be evaluated by a neurologist or a physician who is a concussion management expert. Multiple concussions will warrant individual consideration by the District Physician for interscholastic athletes and may require additional collaboration with the private healthcare provider beyond the procedures listed above.

***If a student suffers a concussion outside of school, orders from a physician should be brought to the school's health office. At that point, the school nurse and related staff will follow all applicable Concussion Management Procedures, which are listed above.

Exhibit A

POST HEAD INJURY CHECKLIST

Name: _____ Age: _____ Grade: _____

Date of injury: _____ Time of injury: _____ Sport: _____

Description of Injury:

Please circle Yes or No for each symptom listed below -

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 the time of injury:

Dizziness:	Yes	No	Ringing in Ears:	Yes	No
Drowsy/Sleepy:	Yes	No	“Don’t Feel Right”:	Yes	No
Seizure:	Yes	No	Memory Problems:	Yes	No
Blurred Vision:	Yes	No	Vacant/Glassy Stare:	Yes	No
Headache	Yes	No	Nausea/Vomiting:	Yes	No
Fatigue/Low Energy:	Yes	No	Feeling “Dazed:	Yes	No
Poor Balance/Coordination:	Yes	No	Loss of Orientation:	Yes	No
Sensitivity to Light:	Yes	No	Sensitivity to Noise:	Yes	No

Other Findings / Comments:

Final Action Taken: Parents/Guardians Notified? Yes No

Sent to Hospital? Yes No

Date Completed: _____

Evaluator’s Signature: _____

Title: _____

Address: _____

Tel# _____

Please note: If this student had ImPACT performed at school, the baseline scores are available upon a physician’s request. The physician may also request a post-injury test.

Exhibit B

SCARSDALE POST HEAD INJURY/CONCUSSION CARE PLAN - PHYSICIAN ORDERS FOR SCHOOL

Patient's Name: _____

Patient's DOB: _____

DIAGNOSIS: ☐ CONCUSSION ☐ NO CONCUSSION

Returning to **PHYSICAL EDUCATION/SPORTS**

NOTE: You should NEVER return to play if you still have ANY symptoms. Be sure that you do not have any symptoms at rest, during activities of daily living, or during activities that require a lot of thinking/concentration.

The following are recommended at the present time: (M.D. check all that apply)

- ☐ Do not return to P.E. class at this time
- ☐ Full, unrestricted return to P.E. class. Date: _____
- ☐ Do not return to sports practices/games at this time
- ☐ **Gradual** return to play under the supervision of an appropriate health care provider (e.g., athletic trainer, coach, or physical education teacher)
- ☐ Full, unrestricted return to sports. Date: _____

Additional Notes/Instructions:

Returning to **SCHOOL**

Until you (or your child) have fully recovered, **the following supports are recommended:** (M.D. check one of the following)

- ☐ Full return to school, no restrictions. Date: _____
- ☐ No return to school. Return on (date): _____
- ☐ Return to school with following supports. Review on (date): _____ (M.D. check all that apply)

NOTE: Academic accommodations below are only applicable if student is NOT cleared to resume PE/Sports

- ☐ Shortened school day. Recommended _____ hours per day until (date): _____
- ☐ Shortened classes (i.e., rest breaks during classes). Suggested class length: _____ minutes
- ☐ Allow extra time to complete coursework/assignments and tests
- ☐ Reduced homework load. Max length of nightly homework: _____ minutes
- ☐ No significant classroom or standardized testing at this time
- ☐ Take rest breaks during the day as needed
- ☐ Check for the return of symptoms when doing activities that require a lot of attention or concentration
- ☐ Request meeting with School Management Team to discuss this plan and coordinate accommodations

Additional Notes/Recommendations:

Scarsdale Return to Play Protocol Summarized

Each step must be supervised by the appropriate health care provider

1. Light aerobic activity
2. Moderate activity/sport-specific activity
3. Non-contact training skills/practice
4. Full contact practice

Follow-Up/Referral Plan (M.D. check all that apply)

- ☐ Follow-Up: Return to this office for re-evaluation, monitoring, adjustment of support plan.
Date/Time: _____
- ☐ None needed, recovery complete

<p>5. Return to game play/competition</p> <p><i>Athletes <u>must</u> receive final clearance from Dist MD prior to starting RTP</i></p>	<p><input type="checkbox"/> Refer to: ___ Neurology ___ Sports Medicine</p> <p> ___ Psychiatrist ___ Other: _____</p>
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Health Care Provider Information: Signature: _____ Date _____	 Address/Stamp: _____
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Email completed forms to hsnurse@scarsdaleschools.org or fax 914-721-2443

Exhibit C

Neuropsychological Testing (ImPACT)

The Scarsdale High School Athletic Department, in accordance with district regulations, will be administering a baseline neurological assessment to high school student-athletes. The baseline assessment is considered valid for 2 years. If a student suffers a concussion, this assessment can be very helpful to medical professionals treating the student.

To administer the assessment, we will use a software tool called ImPACT, which is a computerized exam utilized in many professional, college, and high school athletic programs. This non-invasive test is set up in a “video game” type format and takes about 15-20 minutes to complete. It is a simple instrument used to track information such as memory, reaction time, speed, and concentration. It is not an IQ test. The testing procedures pose no risks to the student.

The assessments will be facilitated by an athletic trainer during practice time or at home. In the event of a head injury, the baseline information can be retrieved and a follow-up assessment can be conducted. A student’s ImPACT testing results can be made available to the medical professional treating the student. These data can be helpful to medical professionals as they make decisions regarding treatment and “return to play.”

More information on the program can be found at: www.impacttest.com

An Opt-Out Form from testing is attached to this notice. The ImPACT assessment is highly encouraged for all athletes. If you would prefer that your child not be tested, please complete the Opt-Out Form, which is attached to this notice. Any athlete who has suffered a concussion will follow the district’s “return to play” regulations, regardless of whether or not they have been tested through ImPACT.

ImPACT Testing Opt Out

Opt-Out Form

I have read the attached information and understand its contents. I do not want my child tested using the ImPACT neurological assessment.

Name of Athlete (Please print): _____

Sport: _____

Signature of Athlete: _____

Date: _____

Signature of Parent: _____

Date: _____

IMPACT RECOMMENDS THAT HIGH SCHOOL ATHLETES BE TESTED ONCE EVERY TWO YEARS. SHS ATHLETES WILL BE TESTED IF THEY DO NOT HAVE AN IMPACT ON FILE OR IF IT HAS BEEN TWO YEARS SINCE THEIR PREVIOUS BASELINE TEST.

Exhibit D

SCARSDALE SCHOOL DISTRICT CONCUSSION RETURN TO PLAY PROGRESSION

Student's Name: _____ Grade: _____

Sport/P.E. Unit: _____

Once notified by the health office to begin the return to play, follow the steps below. To go to the next level, the student must be symptom-free. The student may advance one level every 24 hours. If the student experiences symptoms (headache, fatigue, nausea, vomiting, dizziness, blurred vision, or irritability) progression is stopped. At the next practice/class, the student should drop back to the previous asymptomatic level. Each student will progress at their own rate. * Please note: In non-contact activities, a student may complete the Return to Play Progression prior to Level 5.

Level 1	Light aerobic activity (speed walking)	NO CONTACT ↑ Heart rate	Incomplete symptomatic ■	Completed ■	Date
Level 2	Sport-specific activity (running drills, jump rope)	NO CONTACT ↑ Movement	Incomplete symptomatic ■	Completed ■	Date
Level 3	Non-contact training in a practice setting	CONTACT ↑ Cognitive & Psychomotor activity	Incomplete symptomatic ■	Completed ■	Date
Level 4	Full contact training in a practice setting (full Phys. Ed participation)	CONTACT ↑ Cognitive & psychomotor activity	Incomplete symptomatic ■	Completed ■	Date
Level 5	Return to competition (gameplay)		Incomplete symptomatic ■	Completed ■	Date

Notes:

Coach / P.E. Teacher: _____ Date: _____

UPON COMPLETION RETURN TO THE HEALTH OFFICE.

Date received: