

STUDENT POLICIES

STUDENT WELFARE

Concussion Management

The Board of Education and West Genesee Central School District recognizes that concussions and head injuries are commonly reported injuries in children and adolescents who participate in sports and recreational activity, and can have serious consequences if not managed carefully.

The following guidelines are among those included in this policy:

- The State of New York #3953-B bill: “Concussion Management and Awareness Act”
- Concussion Management (5430-R)
- Initial Concussion Checklist – Athletic Trainer, Coach or Nurse (5430-E.1)
- Concussion Checklist Physician (5430-E.2)
- Return to Play Concussion Protocol
- Education Materials:
 - “Concussion: A Must Read for Young Athletes’
 - “What are the signs and symptoms of concussion?”
 - “Know Your Concussion ABC’s: A Fact Sheet for Parents”
 - “A Fact Sheet for Teachers, Counselors and School Professionals”

The concussion management and awareness act (#3953-B) states that “No student shall resume athletic activity until he or she has been symptom free for not less than 24 hours and has been evaluated by and received written and signed authorization from a licensed physician”.

Return to play will be initiated by the student’s physician. The athletic trainer, coach or physical education teacher will use the six step program to assimilate the student back into the athletic environment.

The six step program for return to play/sports is outlined below:

1. No activity until asymptomatic. (time frame of 5-7 days)
2. Light aerobic exercise such as: walking, jogging, stationary bike. No resistance exercise.
3. Sport specific exercise: running, agility drills, etc. Progressive addition of resistance training may begin.
4. Non-contact training/skill drills
5. Full contact training in practice setting (contact or collision sport)
6. Return to competition

In the event of re-injury or return of concussion symptoms, trainers, coaches and physical education teachers follow these steps:

1. Student will stop the exercise/activity immediately.
2. Student will not participate in exercise/activity for the next 24 hours.
3. The following day, the student will be re-evaluated. If asymptomatic, the student will return to the last step of the concussion protocol that was completed.
4. If the symptoms continue, the student will discontinue exercise and will be re-evaluated by his/her physician.

Presentation: 6/19/13

First
Vote: 7/1/13

Second
Vote: 8/7/13

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The West Genesee Central School District believes in the importance of being proactive to protect student health and safety. The district has adopted a concussion management and awareness program concurrent with Senate Bill #3953-B: 'Concussion Management and Awareness Act'.

West Genesee Central School District recognizes that a concussion is a mild traumatic brain injury that can last for days, weeks, or even months. Returning a student to play or sports before brain healing occurs can lead to serious complications. "No student shall resume athletic activity until he or she has been symptom free for not less than twenty four hours, and has been evaluated by and received written and signed authorization from a licensed physician."

West Genesee Central School District has established a concussion management team. The team shall oversee the concussion management program. The program includes guidelines that are followed when a student is suspected to have a mild traumatic brain injury and displays signs and symptoms of a concussion. The guidelines/protocol are as follows:

1. The student who is believed to have sustained or who has sustained a mild traumatic brain injury will be immediately removed from athletic activities. It shall be presumed that he or she has been so injured until proven otherwise.
2. The student will not be left alone and will be monitored by the athletic coach or school nurse until the student is taken for emergency care by either parent or emergency response personnel. Parent must be notified immediately.
3. The athletic trainer/coach or school nurse must fill out the "Initial concussion Checklist". This form is sent with the student to the physician. An accident report is also filled out and given to the school nurse.
4. Following the initial injury, the student must seek follow up care with his/her primary care physician or emergency department physician within the first 24 hours. The "Concussion Checklist Physician Evaluation" form is on the reverse side of the Initial concussion checklist. This form is sent to the physician, reviewed, signed and dated and returned to the health office.
5. Return to play status will be determined by the student's physician. A signed medical release document will be given to the school nurse. The school nurse will forward the return to play/sports information to the athletic trainer/coach. The student will then resume play/sports activity.
6. "Return to play" protocol will be followed. See "Return to Play Concussion Protocol" sheet.
7. Any deviation from the above guidelines must be referred to the medical director before return to play.



**West Genesee Central School District
Initial Concussion Checklist
Evaluated by Athletic Trainer, Coach or Nurse**

Student Name: _____ DOB: _____

Parent Name: _____ Phone: _____

Sport: _____ Date and time of injury: _____

Location of sporting event where injury occurred: _____

Description of injury: _____

Symptoms observed/reported at time of injury:

Amnesia	Yes	No	Nausea	Yes	No
Blurred Vision	Yes	No	Poor Balance/Coord.	Yes	No
Dizzy	Yes	No	Ringing in ears	Yes	No
“Don’t feel right”	Yes	No	Seizure	Yes	No
Drowsy/sleepy	Yes	No	Sensitivity to light	Yes	No
Fatigue	Yes	No	Sensitivity to noise	Yes	No
Feeling “dazed”	Yes	No	Sensitivity to sound	Yes	No
Headache	Yes	No	Personality Change	Yes	No
Irritable	Yes	No	Unconscious	Yes	No
Memory Change	Yes	No	Vacant Stare	Yes	No

Please check the box below if it pertains to this injury:

- Student was unconscious for how long: _____
- Does student remember the injury? Yes No
- Were parents at the event? Yes No
- Did parent assume medical responsibility for student? Yes No
- Time parent/guardian notified of incident: _____ By whom? _____

Disposition of Student: To ER/MD _____ Home: _____

Evaluator’s Signature: _____ **Title:** _____

Date: _____

****The student is to have this form in their possession if they are transported to the ER or if they go to their primary care MD. After the physician evaluation and reverse side of this form completed, please return the form to the Trainer/Coach or Nurse. ****

