

## **Policy Information**

### **Series 7000 - STUDENTS**

#### **STUDENT WELFARE**

#### **Concussion Management**

Policy # 7590

### **Concussion Management Policy**

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 Oswego 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;
- 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 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.

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

1. The student-athlete **will not** be allowed to return to play in the current game or practice.
2. The Athletic Trainer or Team Coach will fill out and date the Initial Concussion Evaluation Form which will be sent along with the student to their doctor visit.
3. The student-athlete should not be left alone, and regular monitoring for deterioration will be essential for the next few hours following the injury.
4. Following the initial injury, the student-athlete **must follow up** with their Primary Care Physician or by an Emergency Department within the first 24 hours.
5. The Primary Care Physician or Emergency Department doctor must fill out, sign and date the Physician Concussion Evaluation Sheet.
6. The student-athlete will schedule a Post-Injury ImPACT testing time and take the test under the supervision of the Oswego City School District Athletic Trainer.
7. The student-athlete **must present** the completed Physician Concussion Evaluation Form to The Oswego City School District athletic Trainer in the training room at the Oswego High School in order to begin the return-to-play protocol (7-10 days **AFTER** the initial head injury).
8. Return to play **will follow** a process described below.
  - Day 1: Low Impact, non strenuous, light aerobic activity (walking, stationary bike).
  - Day 2: Higher impact, higher exertion, moderate aerobic activity. No resistance training.
  - Day 3: Sport specific non-contact activity. Low resistance wight training with a spotter.
  - Day 4: Sport specific activity, non-contact drills. Higher resistance weight training with a spotter.
  - Day 5: Full contact training drills and intense aerobic activity.
  - Day 6: Return to full activities with clearance from School Medical Director.

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.

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In accordance with 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.

**Policy References:**

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

Adoption Date: 3/27/2012, Revised: 4/5/2016  
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