



# Owego Apalachin Central School District

## Concussion Management Protocol

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### **Overview**

The OACSD Athletic Program recognizes that concussions and head injuries are commonly reported in children and adolescents who participate in sports, physical education, and recreational physical activity. Therefore, the district adopts the following guidelines to assist in the proper evaluation and management of head injuries.

A Concussion is a mild traumatic brain injury. Concussions occur when normal brain functioning is disrupted by a blow or jolt to the body or head. Recovery from concussion will vary. Avoiding re-injury and over-exertion until fully recovered are the cornerstones of proper concussion management.

Any student demonstrating signs, symptoms or behaviors consistent with a concussion while participating in interscholastic athletic activity will be removed from the game or activity, be evaluated immediately and will not return to play that day. The OACSD will notify the student's parents or guardians and recommend appropriate monitoring.

### **Concussion Management Team/Training**

The OACSD may assemble a concussion management team (CMT), at the discretion of the district. The CMT may consist of representation from some or all of the following groups: the athletic director, school nurse, certified athletic trainer, administration, coaches, teachers, parents and student-athletes. The athletic director will set the time and agenda for each meeting, at least one time per year if such a team is assembled.

The District's athletic director should coordinate training for all physical education teachers, nurses, and athletic trainers. Training will be mandatory for all coaches, assistant coaches and volunteer coaches that work with these student-athletes regularly. In addition, information related to concussions should also be included at parent meetings, on the athletics website or in information provided to parents at the beginning of sports seasons. Parents must be aware of the school district's policy and how these injuries will ultimately be managed by school officials.

Training should include: signs and symptoms of concussions, post-concussion and second impact syndromes, return to play and school protocols, 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 the day of injury and also that all athletes should obtain appropriate medical clearance prior to returning to play or school.

The school nurse and/or certified athletic trainer will act as a liaison for any student athlete returning to school and/or play following a concussion. The school nurse, in collaboration with the district's Chief Medical Officer and Athletic Trainer, will review and/or design an appropriate plan for the student athlete while the student is recovering.



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\*The OACSD CMT can utilize the NYSPHSAA website as well as [www.keepyourheadinthegame.org](http://www.keepyourheadinthegame.org) for information related to the signs and symptoms of concussions and the appropriate return to play protocols. A handout describing the Concussion Management protocol is also available on the NYSPHSAA website. A Concussion Management Check List that has been approved and recommended by NYSPHSAA is available on this site.

### **OACSD Concussion Management Plan**

The concussion program consists of four components:

- Education
- Proper sideline management/guidelines
- Proper Medical follow-up
- Proper Return to Play Protocol/Clearance back to athletics

### **Education/Information/Training**

Each school coach, physical education teacher, nurse, and athletic trainer will have to complete an approved course on concussion management on a biennial basis.

- School coaches must complete the approved NFHS course. All NFHS courses are accessed at [www.nfhslearn.com](http://www.nfhslearn.com). The direct link to the Concussion Course is: <http://www.nfhslearn.com/electiveDetail.aspx?courseID=38000>.

- Physical education teachers must complete the Center for Disease Control (CDC) course. [www.cdc.gov/concussion/HeadsUp/online\\_training.html](http://www.cdc.gov/concussion/HeadsUp/online_training.html)

- School nurses and certified athletic trainers must complete the concussion course. <http://preventingconcussions.org>

Education of parents will be accomplished through parent meetings, on the athletics website, or in information provided to parents at the beginning of sports seasons. This education program covers the definition of concussion, signs/symptoms, guidelines for removal from play, guidelines for return to play, possible consequences of mistreatment of concussions.

The district will provide concussion management information and sign off with any parental permission forms. The concussion management and awareness information on the State Education Department's website will be made available on the athletics website.



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### **Proper Sideline Management**

Coaches, nurses, athletic trainers and school physicians will be trained on the proper guidelines for removing a student-athlete from play. As per the NY State regulation; any student removed from play because of suspected head injury cannot return to play on that day unless cleared by the school medical officer(s) approved by the OACSD.

### **Proper Medical Evaluation**

It is imperative that a student-athlete who sustains a head injury be seen by a trained medical officer familiar with concussion signs and symptoms. OACSD offers contracts for the services of a Certified Athletic Trainer who is on site for many athletic events. If on-site evaluation is not available then student-athletes will be directed to the nearest urgent care facility or hospital for emergency room care.

### **Proper Return to Play Protocol and Clearance**

Once a student-athlete is diagnosed with a concussion, they must be cleared back to athletics by the OACSD Chief Medical Officer, Dr. Donald Phykitt; or a Concussion Certified Physician in consultation with Dr. Phykitt. In order to meet these regulations, the OACSD has included a list of Concussion Certified Physicians within this protocol. This list is not extensive, but it does offer local options to parents and guardians. This will allow our athletes access to a team of local physicians that are trained concussion specialists.

Any student-athlete who is suspected of sustaining a concussion will be immediately removed from play. The student-athlete will be evaluated per emergency management protocol. The student-athlete will be transported immediately to the emergency room if:

- There is prolonged loss of consciousness
- There are focal neurologic findings on exam
- There is change in sensorium on exam
- Serial exam reveal deterioration in clinical status

Any athlete suspected of sustaining a concussion will not be allowed to return to play until he/she is:

1. Cleared by OACSD Chief Medical Officer Dr. Donald Phykitt; or a Concussion Certified Physician in consultation with Dr. Phykitt.
  - Clearance from the Emergency Department, Walk-In, or similar office will not be acceptable
2. Has been evaluated by the school nurse or athletic trainer (and discussed with the Chief Medical Officer) and found to:
  - Be asymptomatic at rest and with exertion
  - Has returned to school without symptoms

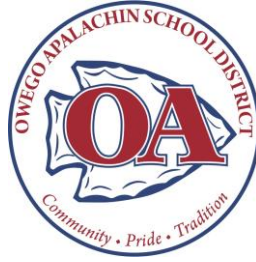


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- Has a normal exam
    - return to "normal" cognitive (Serial 7's, delayed recall, digits backwards)
    - return to "normal" VOMS--Vestibular Ocular Motor Screening
    - return to "normal" Balance--modified BESS testing
  - Has an ImpACT test which has returned to baseline (or within reliable change of baseline) if a baseline is available.
    - Initial baseline testing will be based on school protocol but at the least will be done prior to the start of school sport participation or when a student transfers into the district. It will then be repeated every two years. This will serve as the baseline measure to which the athlete will be compared if they need to retake the test.
3. Has completed a graded return to play protocol
- a. Once a student-athlete is found to have shown adequate improvement, they will undergo a graded step by step return to play protocol under the supervision of the school nurse or certified athletic trainer. Return to full practice, competition, or physical education will only occur after successful completion of the return to play protocol.
    - This step-wise process starts the student-athlete at a low level of non-contact activity and gradually increases in intensity and contact. This will vary from sport to sport depending on level of contact and intensity. The athlete should be asymptomatic during a full practice prior to participating in a competition.
    - Progression is based on whether the student-athlete's symptoms return with increasing intensities. The student-athlete will need to go through all steps without their symptoms returning. If the symptoms return, they will return to the previous step until their symptoms resolve and before they attempt the next step again.
4. Please note that there may be situations where the school nurse, certified athletic trainer and OACSD Chief Medical Officer agree to let a student-athlete start easy non-contact activity before meeting all the above criteria. This will be done on a case by case basis and the student-athlete will be closely monitored.
- a. If this occurs, the student-athlete must fulfill all the above criteria prior to advancing to contact activity.
5. The OACSD Chief Medical Officer, in consultation with the school nurse or certified athletic trainer, will have the final decision regarding return to play.



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The following criteria will be utilized before any athlete is cleared to return to play:

- Asymptomatic during return to play protocol and cleared for return by OACSD Chief Medical Officer, Dr. Donald Phykitt.

### Post-Concussion Management

- **Cognitive rest** requires the student athlete avoid participation in, or exposure to, activities that require concentration or mental stimulation.
- **Physical rest** includes getting adequate sleep, taking frequent rest periods, and avoiding physical activity that requires exertion.
- **Return to school activities** may begin once a medical provider clears the student and may recommend a gradual return to activities, after the student has been symptom free for 24 hours.

The school nurse and/or certified athletic trainer will oversee return to play protocol on site and in consultation with OACSD Chief Medical Officer Dr. Donald Phykitt. Final return-to-play decisions are made by the OACSD Chief Medical Officer or its designee. All documentation will be kept with the school nurse and/or certified athletic trainer; including but not limited to activities, signs/symptoms and response. Protocol will be documented and kept on record.

See the list below of local Concussion Certified Providers. This list is subject to change. Other Concussion Certified Physicians may be added over time.

### **Local Concussion Certified Physicians**

Donald E Phykitt, DO, Medical Director – Guthrie Sports Medicine - OACSD Chief Medical officer

Jill Sadoski, MD, MBA, CAQSM (Certificate of Added Qualification in Sports Medicine) - UHS

Stanley Hunter, MD, CAQSM - UHS

Nathaniel Baer, MD-Sports Medicine Fellow - UHS



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## **Supervised Return-to-play Program**

Once the student athlete is symptom free at rest for 24 hours and has a signed release by the OACSD Chief Medical Officer, she/he may begin the return to play progression below (provided there are no other mitigating circumstances). A note from the OACSD Chief Medical Officer indicating “return to play/return to sports” following a head injury diagnoses will initiate the Return-to-play Program. A general outline of this stepwise program is listed. The OACSD CMO may also require a sports specific 6 step Return-to-play for student-athletes; and may also modify this stepwise program and its outcome recommendations.

Step 1: Light aerobic activity

Step 2: Sport-specific activity

Step 3: Non-contact training drills

Step 4: Full Contact training drills

Step 5: Full Contact practice

Step 6: Return to Play

Each step should take at least 24 hours. If any post-concussion symptoms occur while in the stepwise program, 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.

***This concussion management protocol has been designed in collaboration with the OACSD Chief Medical Officer, Donald E Phykitt, DO, Medical Director – Guthrie Sports Medicine. This protocol will be reviewed and updated on an ongoing basis; at minimum biennially.***



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### **S3953B-2011: Directs commissioners of education and health to adopt rules and regulations for the treatment and monitoring of students with mild traumatic brain injuries**

Enacts the "concussion management and awareness act"; directs the commissioners of education and health to adopt and implement rules and regulations for the treatment and monitoring of students with mild traumatic brain injuries; requires school personnel to receive training in mild traumatic brain injuries; such rules and regulations shall apply to school districts and boards of cooperative educational services; requires provisions of information pamphlet on mild traumatic brain injuries to parents of pupils participating in interscholastic sports or who have suffered a mild traumatic brain injury; requires written consent of and acknowledgment of receipt of such pamphlet by parents prior to participation in interscholastic sports; provides for the establishment of concussion management teams to implement such provisions.

The bill:

- Prohibits students from returning to sports until he or she has been symptom free for no less than 24 hours and received written permission from a physician to play sports.
- Directs the state Health Commissioner, in conjunction with the Education Commissioner, to develop rules and regulations for allowing students to return to school and athletic activity.
- Requires coaches, physical education teachers, school nurses and athletic trainers to receive instruction on the signs and symptoms of concussions and "return to play" protocol.
- Requires school districts to create a concussion management team, which may include athletic directors, school nurses, school doctors, coaches and athletic trainers, to oversee implementation of the state regulations.