



Dryden Central School Concussion Protocol-Student-Athlete Version

Initial Head Injury Checklist – Given at time of incident (if under staff supervision)

To be filled out by Athletic Trainer, Coach, Nurse, or Staff Member

DON'T LOSE THIS DOCUMENT!!

Observed Signs (if possible injury, or notice of its symptoms, did not occur under Dryden staff care, skip to the back)

Did the student lose consciousness? Yes / No	If yes, for approximately how long: _____			
<i>*Loss of consciousness is an automatic indicator to pull the student and have them complete the full protocol*</i>				
Signs	At time incident noted/reported (Time:_____)	15 minutes later (required)	30 minutes later (required)	_____ minutes later (optional)
Adopted from CDC Concussion Checklist				
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events prior to the hit, bump, or fall				
Can't recall events after the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or assignments				
Physical Symptoms				
Headache or "pressure" in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Sensitivity to noise				
Numbness or tingling				
Does not "feel right"				
Cognitive Symptoms				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down				
Feeling sluggish, hazy, foggy, or groggy				
Emotional Symptoms				
Irritable				
Sad				
More emotional than usual				
Nervous				
Any other symptoms of note:				

-If ANY of the above symptoms (even just one) were present in the initial evaluation above or 15 or 30 minute one that followed, **the student CANNOT** return to practice/game play and must continue the protocol (student is at minimum "done for the day"). Go on to the back.

-Only if the initial, 15 minute, AND 30 minute evaluations have shown the student to be symptom free, a student may return to practice/game play and the protocol be stopped. (An evaluator may unilaterally decide more evaluations are needed and continue to hold the student-athlete out of practice/game play, if they choose). Go on to the back.



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Student Name: _____ Age: _____ Sport: _____

Date of incident: ____/____/____

Approximate time of incident: ____:____ am / pm

Location of incident: _____

Brief description of incident: _____

Conclusion of the Initial Incident

Check one of the following and complete each of the assigned steps:

Option A:

___ Student was evaluated via the above checklist at the time the incident was noted/reported, **AND** 15 minutes following that **AND** 30 minutes after the initial evaluation, and was found to have **NONE** of the above symptoms

-Circle one: He/She was returned to practice/game play ~OR~ He/She was held out further

-Parents/Guardians were notified about incident and were given the note on the next page

(Date/time: _____ How: In person / Via phone)

-This sheet is to be returned to the nurse

Option B:

___ Student was evaluated via the above checklist and found to have one or more symptoms present

-He/She was kept out of the remainder of the game/practice

-Check one of the following:

___ He/She was transported to the hospital via ambulance

___ He/She was released to parent(s)/guardian(s)

___ He/She was released, WITH PARENTAL CONSTANT (Consent given to staff member in person or via phone)

-This packet is to go with the student in whatever manner he/she is released...remind them not to lose it. If released to self or parents, have the parents go on to the next page. If the student is sent to the hospital, have them complete page 4 when they evaluate the child.

-A separate incident report must be filled out by the coach and submitted to the nurse within 24 hours for follow up

Option C:

___ The initial incident, while occurring under Dryden staff supervision, was not noticed by staff and not reported by the student, but symptoms presented later after the student left Dryden staff care, leading to this protocol being initiated.

Option D:

___ The initial incident occurred while the student was not under Dryden staff supervision. Concussion symptoms presented and were reported to Dryden staff, leading to this protocol being initiated.

Staff Signature: _____ Title: _____



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Dear Parent/Guardian:

Your son/daughter has suffered a potential head/brain injury.

- This possible injury occurred while under Dryden staff supervision, so attached is the initial evaluation that was completed. PLEASE DO NOT LOSE THAT EVALUATION FORM.
- This possible injury occurred while your child was not under Dryden staff supervision, but was reported to us, triggering this protocol.
- This possible injury occurred while your child was under Dryden staff supervision, but was not reported at that time and your child is now reporting symptoms of a potential brain injury, triggering this protocol.

We have a protocol in place for these situations that must be followed in order for an athlete to return to action.

Step 1:

If your child was referred to the hospital from practice/game play, the physician should complete the evaluation on the next page and you should bring that, along with this entire packet and any other paperwork they give you, to the nurse.

-OR-

If your child presented symptoms of a concussion and was held out of practice/game play, but not sent to the hospital, you need to schedule an appointment with your family physician right away. The physician evaluating him/her should complete the evaluation on the next page and you should bring that, along with this entire packet, to the nurse. Be sure to bring the initial evaluation form for the physician to consider when evaluating the child. (If you do not have a family physician, you can ask the school nurse to arrange an evaluation with the School Physician or his designee)

-OR-

If the possible injury was reported after the fact, or occurred when not under Dryden staff supervision, and you had your child evaluated by a physician, bring any paperwork from that evaluation to the school nurse for further evaluation.

-OR-

If the possible injury was reported after the fact, or occurred when not under Dryden staff supervision, and your child was not yet evaluated by a physician you need to schedule an appointment with your family physician right away. The physician evaluating him/her should complete the evaluation on the next page and you should bring that, along with this entire packet, to the nurse. Be sure to bring the initial evaluation form for the physician to consider when evaluating the child. (If you do not have a family physician, you can ask the school nurse to arrange an evaluation with the School Physician or his designee).

-OR-

If your child did not present concussion symptoms and was allowed to return to practice/game play that day, do not assume there was definitely not a concussion. Continue to monitor your child's health, behavior, etc. for the next 24 hours and call your family physician or take your son/daughter to the emergency room should any of the following occur:

- | | | | |
|--|---|--|--|
| <ul style="list-style-type: none">• Headache continues or worsens• Nausea or vomiting• Impaired memory• Unusual drowsiness or difficult to arouse.• Changes in level of consciousness, | <ul style="list-style-type: none">• alertness or personality.• Blood or other fluids draining from the ears or nose.• Convulsions or seizures.• Dizziness, trouble with coordination or balance. | <ul style="list-style-type: none">• Disturbances in vision, hearing or speech.• He/she appears confused or unable to concentrate.• Pupils become dilated or unequal in size/shape.• Weakness or numbness of arms, | <ul style="list-style-type: none">• legs, or trouble walking• Fever and stiff neck• Sleep Disturbance• Anxious or irritable |
|--|---|--|--|

Step 2:

If the evaluating physician diagnoses a concussion, the nurse will assign a return to play protocol that will require a final approval by the School Physician (or his designee) in order for your child to return to practice/game play fully.

If no concussion is diagnosed and the evaluating physician signs off as such without any further restrictions, your child can return to practice/game play the next day, provided this packet is turned in to the nurse in its entirety.



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Physician Evaluation Form

Initial evaluations can be completed by your primary care physician or an ER Physician. In the event that the student-athlete is evaluated by a physician and does not have this packet, a copy of the physician's paperwork should be attached to this packet.

(This form should not be removed from this packet—needs to be returned to school nurse)

Student Name _____ Grade _____ Age _____

Date of First Evaluation: _____ Time of Evaluation: _____

Date of Second Evaluation: _____ Time of Evaluation: _____

*PLEASE INDICATE YES OR NO IN YOUR RESPECTIVE COLUMNS.

Symptoms Observed:

	First Doctor Visit		Second Doctor Visit	
Vertigo	Yes	No	Yes	No
Headache	Yes	No	Yes	No
Tinnitus	Yes	No	Yes	No
Nausea	Yes	No	Yes	No
Fatigue	Yes	No	Yes	No
Drowsy / Sleepy	Yes	No	Yes	No
Photophobia	Yes	No	Yes	No
Sensitivity to Noise	Yes	No	Yes	No
Ante Grade Amnesia	Yes	No	Yes	No
Retro Grade Amnesia	Yes	No	Yes	No

First Doctor Visit: (one or the other must be circled)

Did you review the "Initial Head Injury Checklist" provided by the Athletic Trainer, Coach or Nurse? Yes No

Did the student sustain a concussion? Yes / No / Unsure (do protocol if unsure)

Physician comments:

Physician's Signature _____ Date _____

Print Physician's Name _____ Phone Number _____

**** If the physician states that the student did NOT sustain a concussion, the student MUST turn this form into the Nurse, which ends the formal protocol. ****

NOTE: If a concussion is diagnosed, or not ruled out, the student must follow the remainder of the Concussion Protocol, including any "return to play" or "return to learn" plan assignment given by the school nurse. This protocol requires the student be seen by the Dryden Central School District Physician (or his designee, which can be the nurse) in order to ultimately be cleared.



Student/Athlete Return to Play/Activity Protocol Following a Head Injury

The following protocol has been established in accordance to the National Federation of State High School Associations and the International Conference on Concussion in Sport, Zurich 2008 Guidelines. In addition, it has been fabricated in a collaborative effort with head injury experts within the greater Central New York area and the Dryden Central School's Supervising Medical Officers and head injury management team. As such, it is imperative to remember the safety of the student is the primary concern of Dryden School District and its medical personnel.

The information contained below is to be used as mere guidelines that are to be implemented in the time following a head injury event. This information is **not to be considered as all inclusive or all encompassing.** The school nurse, in consultation with the School Physician and/or the family physician, will assign a specific "Return to Play" and/or "Return to Learn" plan for students diagnosed with a concussion.

When a Student shows signs or symptoms of a concussion or is suspected to have sustained a head/brain injury after an evaluation by medical personnel or athletic trainer at the time of the incident:

1. The Student **will not** be allowed to return to play/activity
2. The Student should not be left alone, and regular monitoring for deterioration is essential over the next 24 hours following injury.
3. Following the initial injury, the Student **must follow up** with their Primary Care Physician or by an Emergency Department within the first 24 hours.
4. The student **must have** the "Initial Head Injury Checklist by Athletic Trainer, Coach or Nurse" and the "Head injury Checklist Physician Evaluation" signed and dated within the first 24 hours. These forms must be returned to the School Nurse at Dryden Central Schools.
5. Athletes return to play **must follow** a medical clearance and successful completion of the "Return to Play Protocol."
6. The School Nurse or Athletic Trainer will supervise and document the "Return to Play Protocol." The School Physician (or his designee) has final determination for students return to play status.

The cornerstone of proper head injury management is rest until all symptoms resolve and then a graded program of exertion before return to sport/activity. The program is broken down into six steps in which only one step is covered per one 24 hour period. The six steps involved with the Return to Play Protocol are:

1. No exertional activity until asymptomatic.
2. Light aerobic exercise such as brisk walking or stationary bike, etc. No resistance training.
3. Sport/activity specific exercise such as skating, running, etc. Progressive addition of light resistance training may begin.
4. Non-contact training/skill drills.
5. Full contact training in practice setting (if a contact/collision sport).
6. Return to competition.

If any head injury symptoms recur, the athlete should drop back to the previous level and try to progress after 24 hours of rest. In addition, the student-athlete should also be monitored for recurrence of symptoms due to mental exertion, such as reading, working on a computer, or taking a test.



Dryden Central School District
Department of Health, Physical Education and Athletics

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Board of Education Policy # 7522
Concussion Management

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Students

SUBJECT: CONCUSSION MANAGEMENT

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 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;



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SUBJECT: CONCUSSION MANAGEMENT (Cont'd.)

- 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.



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Students

SUBJECT: CONCUSSION MANAGEMENT (Cont'd.)

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

The student shall not return to physical activity (including athletics, physical education class and recess) until he/she has been symptom-free for not less than twenty-four (24) hours, and has been evaluated and received written authorization from a licensed physician. In accordance with Commissioner's Regulations, the School District's Medical Director will give final clearance on a return to activity for extra-class athletics. All such authorizations shall be kept on file in the student's permanent health record. 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.

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.

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

Adopted: 8/27/12

