



Dryden Central School District – Head Injury Information

Dear Parent/Guardian:

Your son/daughter has suffered a potential head/brain injury. Though most head/brain injuries can be recognized at the time of the incident, the signs and symptoms of others may be delayed. Students who experience one or more of the signs or symptoms of head injury after a bump, blow or jolt to the head should be referred to a health care professional with experience in evaluating for head injuries. It is therefore extremely important that any student who has sustained a blow to the head or body be observed closely for at least twenty-four hours.

Call your family physician or take your son/daughter to the emergency room should any of the following occur:

- Headache continues or worsens
- Nausea or vomiting
- Impaired memory
- Unusual drowsiness or difficult to arouse.
- Changes in level of consciousness, alertness or personality.
- Blood or other fluids draining from the ears or nose.
- Convulsions or seizures.
- Dizziness, trouble with coordination or balance.
- 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, legs, or trouble walking
- Fever and stiff neck
- Sleep Disturbance
- Anxious or irritable

School Nurse

Date of Injury



Department of Health, Physical Education and Athletics

Dryden Central Schools
PO Box 88
Dryden, NY 13053

Student Initial Concussion Checklist
To be filled out by Nurse or Other Staff Member*
Original copy must be returned to the School Nurse

Student Name: _____ Age: _____ Sport: _____ Date of Injury: _____

Student Parents' Name: _____ Location where injury occurred: _____

Student Parents' Phone Number: H () - _____ W () - _____ C () - _____

Observed Signs

Signs	0 Minutes	15 Minutes	30 Minutes	_____ Minutes
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				

***** Adopted from CDC Concussion Checklist*****

Other _____

If there was a loss of consciousness, approximately how long were they unconscious? _____

If the student's parents were present at the event, did they assume medical responsibility for their child? Yes No

If no, were the parents notified? By whom? _____

Final Action Taken: _____

Evaluator's Signature: _____ Title: _____

*If not performed by a trained staff member, a trained staff member should review and follow up.



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Physician Evaluation

The first visit can be completed by your primary care physician or ER Physician at time of injury.

(To be returned to the School Nurse)

**Students MUST be seen by the Dryden Central School District Physician
in order to begin return to PE and recess**

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:

Symptoms Observed:	First Doctor Visit		Second Doctor Visit	
	Yes	No	Yes	No
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 Nurse?	Yes	No
Did the student sustain a concussion?	Yes	No

Comments: _____

Physician's Signature _____ Date _____

Print Physician's Name _____ Phone Number _____

NOTE: Clearance to participate will trigger the start of D.C.S.'s return to play/activity protocol. This clearance can ONLY be given by Dryden Central School District School Physician.

Student's Second Doctor Visit: (Must be with the School Physician)

Please check one of the following:

- Student is asymptomatic and is ready to begin the return to play protocol.
- Student is still symptomatic after seven days, not yet cleared and referred to primary care physician.

Physician's Signature _____ Date _____

Print Physician's Name _____ Phone Number _____



Student Return to Play/Activity Protocol Following a Concussion

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.**

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 in the current game or practice.
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 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. A Student's return to play/activity **must follow** a medical clearance and successful completion of the "Return to Play Protocol."
6. The School Nurse will supervise and document the Zurich Guidelines. The School District appointed physician has final determination for students return to play/activity 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/Activity 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 concussion symptoms recur, the student 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.



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Board of Education Policy # 7522
Concussion Management

2013

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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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Students

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