

**HOOSICK FALLS CENTRAL
SCHOOL DISTRICT**

**Concussion Management
Plan and Procedures**

9-17-2013

HOOSICK FALLS CENTRAL SCHOOL DISTRICT

Concussion Management Plan and Procedures

The Board of Education of the Hoosick Falls 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. Therefore, the District adopts the following regulations and protocols to support the proper evaluation and management of head injuries in accordance with HFCSD School Board Policy #5420.10. A concussion is a mild traumatic brain injury. A concussion occurs when normal brain functioning is disrupted by a blow or jolt to the head. Recovery from a concussion will vary. Avoiding re-injury and over-exertion until fully recovered are the cornerstones of proper concussion management.

While district staff will exercise reasonable care to protect students, head injuries may still occur. Physical education teachers, coaches, nurses and other appropriate staff will receive training to recognize the signs, symptoms and behaviors consistent with a concussion. Any student exhibiting those signs, symptoms or behaviors while participating in a school sponsored class, extracurricular activity, or interscholastic athletic activity shall be removed from the game or activity and be evaluated as soon as possible by an appropriate health care professional. The coach or district nurse will notify the student's parents or guardians and recommend appropriate monitoring to parents or guardians.

If a student sustains a concussion at a time other than when engaged in a school-sponsored activity, the district expects the parent/legal guardian to report the condition to the coach/physical education teacher or district nurse so that the district can support the appropriate management of the condition.

The student shall not return to school or activity until authorized to do so by an appropriate health care professional. It is recommended that the health care professional has had proper training in evaluation and management of sports concussions. The school's physician will make the final decision on return to activity including physical education class and after-school sports.

Any student who continues to have signs or symptoms upon return to activity must be removed from play and reevaluated by a physician who has had proper training in evaluation and management of sports concussions. The school's physician will make the final decision on return to activity including physical education and after-school sports. The Superintendent, in consultation with appropriate district staff (Concussion Management Team-School Physician, School Nurse, Coordinator of Interscholastic Athletics) will develop regulations and protocols to guide the return to activity. Those regulations and protocols are attached.

Return to play 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, Prague 2004.

When an athlete shows **ANY** signs or symptoms of a concussion:

1. The athlete will not be allowed to return to play in the current game or practice.
2. The athlete should not be left alone, and regular monitoring for deterioration is essential over the initial few hours following injury.
3. The athlete should be medically evaluated following the injury.
4. Return to play must follow a medically supervised stepwise process.

The cornerstone of proper concussion management is rest until all symptoms resolve and then a graded program of exertion before return to sport. The program is broken down into six steps in which only one step is covered a day. The six steps involve the following:

1. No exertional activity until asymptomatic for seven consecutive days.
2. Light aerobic exercise such as walking or stationary bike, etc. No resistance training.
3. Sport specific exercise such as skating, running, etc. Progressive addition of resistance training may begin.
4. Non-contact training/skill drills.
5. Full contact training in practice setting.
6. Return to competition

If any concussion symptoms recur, the athlete should drop back to the previous level and try to progress after 24 hours of rest.

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.

Zurich return to play guidelines

- **Day 1:** light aerobic exercise (walking, swimming, or stationary cycling) keeping exercise heart rate less than 70% of maximum predicted heart rate. No resistance training
- **Day 2:** sport-specific exercise, any activities that incorporate sport-specific skills. No head impact activities.
- **Day 3:** non-contact training drills
- **Day 4:** full contact practice, participate in normal practice activities
- **Day 5:** return to competition

If any concussion symptoms return during any of the above activities, the athlete should return to the previous level, after resting for 24 hours.