

**Hammondsport Central School**  
**Concussion Management Policy**

Initiated September 2008-Updated/Revised April 2013

**Concussion Management Team:**

Dan Conley, AD

Barb Fries, AD/CPR Instructor/Physical Education Instructor

Alan Perry, Phys Ed Teacher

Linda Dickinson, RN School Nurse

Dr. Werner Brammer, School Physician

Tad Rounds, Principal

**Concussion Management Statement:**

In accordance to the New York State Public High School Association and The New York State Athletic Administrators Association, Hammondsport Central School accepts and maintains the following criteria for the determination and proper management of concussive head trauma with emphasis on the safety, health, and well-being of the students at Hammondsport Central School. All Athletic Directors, physical education teaching staff, coaches, and nursing personnel are responsible for professional development in the area of concussion management, as well as the distribution of educational information and materials for training coaches, teaching staff, students, and parents as it relates to the Concussion Management Policy herein. All school sponsored classes, all extracurricular activities, all interscholastic athletic activities, and all off school campus events resulting in concussive brain injury are subject to compliance with the guidelines directed within the Concussion Management Policy at Hammondsport Central School.

**Definition of Concussion:**

According to the U.S. Centers of Disease Control, concussion is defined as a mild traumatic brain injury caused by abrupt and violent forces which can be the result of a direct hit to the head and/or the result of rapid movement of the head resulting from a blow to the body. The American Academy of Neurology adds that concussive head trauma is an induced alteration in mental status that may or may not involve loss of consciousness. During a concussion, the brain moves inside the skull making contact with the skull wall. Brain cells are stretched, compressed, and/or torn. After injury, brain physiology is disrupted and swelling occurs. The damage is microscopic and spread throughout the brain. Though the injury cannot be seen, the outcome presents in life-long cognitive damage along with personality and behavioral change. Subsequent damage from further episodes of head trauma or "Second Impact Syndrome" has a compounding affect with increased brain damage over time and possible death.

## Concussion Management Guidelines:

1. The AD will facilitate Concussion Management Training and Certification for all coaching personnel to include all assistants and volunteer coaches at Hammondsport Central School. The course offered by the CDC for coaches and physical education teachers can be accessed by logging onto [www.cdc.gov/concussion/HeadsUp/online\\_training.html](http://www.cdc.gov/concussion/HeadsUp/online_training.html). The School Nurse and all Trainers will undergo Concussion Management Training and Certification by logging onto <http://preventingconcussions.org>.
2. The AD and coaching staff at Hammondsport Central School will seek parental acknowledgement and documentation of any previous history of concussive injury at each preseason mark to ensure proper handling of reoccurring concussive events.
3. The AD will facilitate baseline preseason administration of the SCAT 2 Neurocognitive Test under the direction of Barb Fries Physical Education Teacher and Linda Dickinson RN School Nurse. The SCAT 2 is the approved Neurocognitive Test recommended by Werner Brammer MD School Physician. The baseline SCAT 2 will be administered to all 7<sup>th</sup>, 10<sup>th</sup>, and new entrant students unless indicated by injury or a rapid decline in playing skills. The baseline SCAT 2 is the assessment tool used to aid the School Nurse and the School Physician when determining changes from norm as evidenced by fluctuations from the baseline SCAT 2 which are not consistent with the determination of or progression within the Gradual Return to Plan.  
(See Gradual Return to Play Plan)
4. If a player sustains a head injury, Coach will perform the recommended sideline concussion test as directed by Concussion Management Training. Players who sustain a head injury are immediately referred to an evaluating physician based on the side-line test results.
5. Students with signs/symptoms of a concussion may not return to play the same day of the injury and must be cleared by his/her healthcare provider before returning to school or sport activity. When clearance to play is ordered by the MD, the gradual increase of athletic activity for return to play from light to full participation is determined with respect to this policy in the **Gradual Return to Play Plan**. *Dr. Brammer MD School Physician of Hammondsport Central School will determine the clearance or discontinuation of student athletic participation above and beyond students own physician recommendation as needed for full compliance with the guidelines mandated by this document in any given situation. **Note:** Academic restrictions or release due to concussive brain injury may also be determined by a healthcare provider.*  
(See Gradual Return to Play Plan)
6. The School Nurse at Hammondsport Central School will be the recipient of all original documentation from physicians restricting play and returning to play after concussive events. The AD will facilitate and ensure communication of physician orders between the School Nurse and the coaching staff.

### **Gradual Return to Play Plan- (Based on CDC Protocol)**

- Return to play should occur in gradual steps beginning with aerobic exercise only to increase heart rate (e.g., stationary cycle); moving to increasing heart rate with movement (e.g., running); then adding controlled contact if appropriate; and finally return to sports competition.
- Pay Careful attention to symptoms, thinking, and concentration skills at each stage of activity. Move to the next level of activity only if symptoms are not experienced at current level. If symptoms return, go back a step for 24 hours and proceed again. **Report to the Nurse on Day 6 before returning to full play.**

1. Day 1 - No physical activity-Report to the Nurse with order for **Return to Play** from MD.
2. Day 2 - Low levels of physical activity (i.e., ). This includes walking, light jogging, light stationary biking, light weightlifting (lower weight, higher reps, no bench, no squat).
3. Day 3 - Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).
4. Day 4 - Heavy non-contact physical activity. This includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).
5. Day 5 - Full contact in controlled practice.
6. Day 6 - Full contact in game play-Report to the Nurse to evaluate response to gradual return to play before eligible for full contact.

\*The Gradual Return to Play Plan is accepted and supported by Dr. Brammer Hammondsport Central School Physician. The School Nurse and Dr. Brammer will refer to the SCAT 2 as indicated by failure of progression within the Return to Play Plan.

## **Concussion Management Protocol:**

### *Determination of Concussion*

#### **A. Simple Concussion**-First concussion for injured student

**\*No athlete returns to current game or practice until cleared to return to play by physician with documentation and physician signature**

- Loss of Consciousness less than 1 minute
- Symptoms resolve in 7-10 days

#### **B. Complex Concussion**-History of previous concussion for injured student

**\*No athlete returns to current game or practice until cleared to return to play by physician with documentation and physician signature**

- Loss of Consciousness longer than 1 minute
- Symptoms last longer than 7-10 days

### *Evaluation Tool/Recognition of Symptoms At Side-line:*

**Blow or jolt to head and one or more of the following symptoms:**

- Loss of consciousness **or**
- Post-traumatic amnesia **or**
- Dazed or confused **or**
- Poor Memory (do 3 word recall, ask how traveled to game, months in reverse)

**Focal neurologic findings:**

- \*head ache
- \*difficulty sustaining attention
- \*nausea vomiting
- \*slow response to questions
- \*blurred vision
- \*slurred or incoherent speech
- \*over sensitivity to sound, light, touch
- \*slow body movements
- \*feeling foggy or groggy
- \*slow reaction time
- \*uncoordinated balance or walking
- \*behavior changes (irritable, anxiety, extreme moods, easily overwhelmed, emotional or behavioral outbursts, lack of motivation)

### *Management of Symptoms/Treatment Model:*

- Sideline with continuous observation/call parent to communicate findings
- Rest in seated position and offer fluids
- If conscious levels change: (Call EMS/911) lay in supine position (on back) with head slightly elevated and feet elevated with support. This will promote circulatory and cerebral maintenance. Hold fluids when conscious levels change. **No return to current game or practice until cleared to play by physician and after completing Gradual Return to Play Plan. Note: Treatment model is designed for immediate care until EMS arrives or until student is under parental supervision.**