

# Beaver River Central School

## Concussion Management Procedure

### **A. Pre-Season Protocol for Student Athletes, Coaches and Parents:**

1. All coaches will become familiar with the NYSPHSAA for understanding and recognition of the signs and symptoms of head injury and/or concussion. Coaches are required to take the “Heads up” concussion management course online.
2. All athletes will receive a printed copy of the CDC “Heads Up” fact sheet for athletes. It will be included in the athlete information given out by the coaches at the start of each season. In addition, all athletes will be encouraged to visit the NYSPHSAA website [www.keepyourheadinthegame.org](http://www.keepyourheadinthegame.org)
3. All parents of athletes will be encouraged to view the CDC “Heads Up” website as well as the NYSPHSAA website, [www.keepyourheadinthegame.org](http://www.keepyourheadinthegame.org). Parents will be given a copy of the CDC “Heads Up” fact sheet for parents, as an attachment to the training rules at the beginning of the season.
4. Beaver River’s Return –to –Play policy for concussion in athletes will be included in the Athlete Training Rules. Parents will sign that they have reviewed it and understand the policy prior to the beginning of each new athletic season.

### **B. Sideline Management of Suspected Concussion**

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

1. The athlete will be removed from the current practice or game.
2. The athlete will not be allowed to return to play in the current game or practice even if symptoms appear to have resolved or the player denies injury or symptoms.
3. The athlete should not be left alone, and regular monitoring for deterioration is essential over the initial few hours following injury.
4. Parents must be notified when an athlete is suspected of having a concussion.
5. The athlete should be medically evaluated following the injury. An athlete suspected of having symptoms of a concussion, but is stable, must be evaluated by the Emergency Department or their primary care provider as soon as possible. Parents should be advised to seek immediate medical care if a concussion is suspected.
6. The coach will conduct a sideline evaluation using the Sideline Evaluation Form.(these need to be printed in duplicate). One copy is to be given to parents for the medical evaluation and the other given to the Athletic Director and then to the nurse for medical follow up. Coaches be sure to have copies of these in medicine kit or in folder.
7. A school injury/accident report should be completed within 24 hours following an injury and submitted to the school nurse.

8. **No athlete will return to practice/play until cleared by a licensed physician, this must be in writing, and she/he has completed the Return-to-Play program.**
9. Medical clearance allows the concussed athlete to begin the six step Return-to Play program. The Return-to-Play program will follow a supervised stepwise process.

### **C. Return-to-Play Protocol following a concussion**

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 in a day. The six steps involved the following:

1. No exceptional 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.

### **D. Academic Accommodations**

Academic accommodations should be made for the concussed athlete, if necessary to ensure the individual will have a safe and successful return to school. Accommodations may include, but are not limited to:

- \*rest breaks, if needed, during the school day in a quiet location.
- \*reduced course and work load, if necessary.
- \*avoid over-stimulation, such as cafeteria or noisy hallways.
- \*avoid reinjury, especially in PE class and crowded hallways/stairs.
- \*extra time and quiet locations for testing, as needed.
- \*provide student with class notes or allow student to audiotape classes.
- \*allow sunglasses if light sensitivity, as needed

## Six Step Return to Play Protocol

**Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Date of Injury:** \_\_\_\_\_ **Sport:** \_\_\_\_\_

1. Student is cleared by physician. Date: \_\_\_\_\_  
Cleared by: \_\_\_\_\_  
Comments: \_\_\_\_\_

2. Light aerobic activity. Such as walking or stationary bike. No resistance training. Date: \_\_\_\_\_  
Cleared by: \_\_\_\_\_  
Comments: \_\_\_\_\_

3. Sport-specific activity. Progressive addition of resistance training may begin. Date: \_\_\_\_\_  
Cleared by: \_\_\_\_\_  
Comments: \_\_\_\_\_

4. Non-contact training drills. Date: \_\_\_\_\_  
Cleared by: \_\_\_\_\_  
Comments: \_\_\_\_\_

5. Full contact training in a practice setting. Date: \_\_\_\_\_  
Cleared by: \_\_\_\_\_  
Comments: \_\_\_\_\_

6. Return to play/competition Date: \_\_\_\_\_

Return this form to the Athletic Director: \_\_\_\_\_

Each step should take 24 hours so that an athlete would take approximately one week to proceed through the full rehabilitation protocol once they are asymptomatic at rest and with the provocative exercise. If any post concussion symptoms occur while in the step program, then the student should drop back to the previous asymptomatic level and try to progress again after a further 24 hour rest period.

