



BELLMORE-MERRICK
Central High School District

High Expectations
High Achievement

My child _____ and I have read the above policy and procedures in regards to concussion management. We agree to adhere to these guidelines in the event my child sustains a head injury in practice or contest.

Parent Signature _____ Date _____



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References

McCroly, P et.al. Consensus statement on concussion in sport 3rd international conference on concussion in sport held in Zurich, November 2008. Clin J Sport Med. 19,3,2009.

Concussion guidelines/ procedures- NYS public high school athletic association website; www.nysphsaa.org/safety.

RETURN TO PLAY PLAN - Step 3

Athletes will **NOT** be returned to play same day as the injury
Athletes returning to play MUST follow this 6-step process.

This plan will be implemented after an athlete has been diagnosed with a concussion. Step one begins on the date of clearance by a licensed physician. Final authority for clearance rest with the school doctor.

In the middle school, coaches' documentation of signs and symptoms must be reviewed by the nurse after completion of each stage of the return to play plan.

Each stage consists of at least 24 hours and if symptoms occur, then athlete goes back to stage 1.

1. NO activity, complete rest. Once asymptomatic for **24 hours (NO SYMPTOMS)**, proceed to stage 2.
2. **LIGHT** aerobic exercise such as stationary bike or walking. (NO RESISTANCE TRAINING)
3. Sport specific exercise (ex—running)
4. Non-contact training drills and resistance training
5. Full contact practice
6. Return to normal game play



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The injured athlete must go through the following steps before returning to activity.

1- Evaluation by the school's Certified Athletic Trainer or Nurse

Day of injury (or after, if necessary) - The ATC or Nurse will use the Sport Concussion Assessment Tool 2 (SCAT2) to examine signs and symptoms, balance, and cognitive function. If it is suspected that an athlete has sustained a concussion, that athlete will be removed from practice or competition and parents and coaches notified.

2- Evaluation and clearance by a physician

After a concussion is suspected by the ATC or school Nurse, the athlete must be evaluated by a licensed physician and receive the licensed physician's written signed authorization clearing them before beginning the return to play plan. Any athlete who has sustained a previous concussion must be evaluated and cleared by a neurologist before beginning the return to play plan. The ATC and school Nurse reserve the right to hold any athlete who remains symptomatic past the date of physician clearance from activity until re-evaluated by a licensed physician.

3- Return to play (RTP) plan

RTP plan will commence on the date of clearance by a licensed physician.

The RTP plan is a six step progression where the athlete will proceed to the next step if asymptomatic at the current step. If an athlete remains symptomatic and cannot proceed to the next step they must be re-evaluated and cleared by a licensed physician regardless of where they are in the RTP plan.



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Once a concussion is suspected, regardless of venue (home or away), the coach is obligated to remove the injured athlete from activity and report the injury to the certified athletic trainer, school nurse, or parent. Thus, the chain of communication is as follows:

High Schools

During all home events (practice or game), the coach must report all suspected head injuries to the ATC or nurse at the time of injury. At away events (practice or game) suspected head injuries must be reported to the athlete's parents/guardian by the coach, and then reported to the ATC or school nurse the following day. Any athlete with a suspected head injury will **NOT** be allowed to return to play on the same day.

Middle Schools

All suspected head injuries sustained during any athletic event (home or away) must be reported by the coach to the school nurse at the time of injury. If the nurse is not present, the coach must notify the athlete's parent/ guardian at the time of injury, and then report to the school nurse the following day. Any athlete with a suspected head injury will **NOT** be allowed to return to play on the same day.

Outside School

State Law requires our school district to treat all concussions in the same fashion whether they occur inside or outside of school. Parents should notify the school of any concussions their child has incurred as soon as possible.



Policy and Procedures for the Management of Head Injuries

A concussion is a mild traumatic injury to the brain resulting in temporary loss of normal brain function. Concussions can be caused by a direct blow to the head, neck, face, or any where else on the body with forces transmitted to the head. Symptoms may be cognitive, emotional, or physical and can include

- | | | |
|-------------------|------------------------|-------------------------------------|
| - Headache | - Vision problems | - Feeling like "in a fog" |
| - Nausea | - Sensitivity to light | - Mental status change or confusion |
| - Vomiting | - Sensitivity to noise | - Problem concentrating |
| - Dizziness | - Fatigue | - Disoriented |
| - Loss of balance | - Irritability | - Seizures |

Proper care and management of a concussion is essential for a safe return to athletic competition. If the return to play plan included in this document is not followed appropriately, there will be an increased risk of suffering from second-impact or post-concussion syndrome.

- Second-impact syndrome (SIS) is a condition in which the brain swells rapidly and catastrophically after a person suffers a second concussion before symptoms from an earlier one have subsided. This deadly second blow may occur days, weeks or minutes after an initial concussion, and even the mildest grade of concussion can lead to SIS. The condition is often fatal, and almost everyone who is not killed is left severely disabled.
- Post-concussion syndrome (PCS) occurs when any sign or symptom persists for weeks, months, or occasionally up to a year or more after the initial injury. PCS can occur after one or multiple concussions and does not depend upon severity of the concussion.