LIVERPOOL CENTRAL SCHOOL DISTRICT
CONCUSSION MANAGEMENT SCHOOL POLICY

Last Revised August 2014

The Board of Education of the Liverpool Central School District recognizes that concussions and head injuries are a commonly reported injury in children and adolescents who participate in sports and recreational activity. Therefore, the District adopts the following policy and guidelines to assist in the proper evaluation and management of head injuries.

**Definition:**
A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious. †

**Signs and Symptoms of Concussion:**
Certified athletic trainers, physicians, nurses and coaches need to be aware of the signs and symptoms of concussion to properly recognize and intervene on behalf of the student-athlete.

<table>
<thead>
<tr>
<th>Physical Symptoms</th>
<th>Cognitive Symptoms</th>
<th>Emotionality Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>Memory Loss</td>
<td>Irritability</td>
</tr>
<tr>
<td>Vision Difficulty</td>
<td>Attention Disorders</td>
<td>Sadness</td>
</tr>
<tr>
<td>Nausea/Vomiting</td>
<td>Reasoning Difficulty</td>
<td>Nervousness</td>
</tr>
<tr>
<td>Dizziness</td>
<td></td>
<td>Sleep Disturbances</td>
</tr>
<tr>
<td>Balance Difficulties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light Sensitivity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any student demonstrating signs, symptoms or behaviors consistent with a concussion; 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. A member of the district's concussion management team (CMT) should notify the student’s parents or guardians and recommend appropriate monitoring to parents or guardians. The student will not return to activity until released by an appropriate health care professional. The school’s chief medical officer 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 their health care provider.
Concussion Management Protocol

Athletes that sustain a concussion require both physical and cognitive rest. Delaying this can prolong an athletes’ recovery.

**Cognitive Rest**

Athletes should avoid activities that requires them to concentrate or requires mental stimulation including, but not limited to:

- Computers and video games
- Watching television
- Texting
- Reading or writing
- Studying or homework
- Taking a test
- Loud music
- Bright Lights

Parents/guardians, teachers, and other district staff should watch for signs and symptoms such as fatigue, irritability, headaches, blurred vision, or dizziness; reappearing with any type of mental stimulation. If any of these should occur the athlete should be seen for further care by a concussion specialist.

**Physical Rest**

Physical rest includes getting adequate sleep, taking frequent rest periods or naps and avoiding physical activity that requires exertion. Some activities to avoid include, but are not limited to:

- Contact, collision activities that are a high risk for re-injury
- High speed and/or intense exercise
- Activities that result in an increased heart rate or increased blood pressure.

**Return to play**

Return to play following a concussion involves a stepwise progression once the individual is symptom free. There are many risks to premature return to play including: a greater risk for a second concussion because of a lower concussion threshold, second impact syndrome (abnormal brain blood flow that can result in death), exacerbation of any current symptoms, and possibly increased risk for
additional injury due to alteration in balance. These NYSPHAA current returns to play recommendations are based on the most recent international expert opinion. *No student athlete should return to play while symptomatic. Students are prohibited from returning to play the day the concussion is sustained. If there is any doubt as to whether a student has sustained a concussion, it should be treated as a concussion. Once the student athlete is symptom free at rest for 24 consecutive hours and has a signed release by the treating clinician, he/she may begin the return to play progression below (provided there are no other mitigating circumstances).

Day 1: Light aerobic activity
Day 2: Sport-specific activity
Day 3: Non-contact training drills and low resistance training
Day 4: Full contact practice and full resistance training
Day 5: Return to play

Each step should take a day so that an athlete would take approximately one week, minimum, to proceed through the full rehabilitation protocol once they are asymptomatic at rest and with provocative exercise. If any post concussion symptoms occur while in the stepwise program, then the student should drop back to the previous asymptomatic level and try to progress again after a further 24-hour period of rest has passed. All cases will be handled on a case-by-case basis.

In cases of complex concussions, the rehabilitation will be more prolonged, and return to play advice should be provided by professionals with specific expertise in the management of such injuries. Athletes with history of multiple concussions should also be evaluated and monitored by a concussion specialist if deemed necessary by a member of the CMT.

[These NYSPHAA current return to play recommendations are based on the most recent international expert opinion.]

**NEUROCOGNITIVE TESTING**

The application of neuropsychological testing in concussion has been shown to be of clinical value and contributes significant information in concussion evaluation. At the same time, NYSPHSAA recognizes that neuropsychological assessment should not be the sole basis of concussion management decisions, nor should it be conducted or used in isolation from appropriate professional consultation and supervision, such as that which can be provided by a neuropsychologist trained and experienced in the neurocognitive assessment of concussion.

**BASELINE ASSESSMENT**

All 9th thru 12th grade athletes who participate on a Liverpool sport team will complete a baseline assessment before the start of their season. The ImPACT™ system is an internet based computer
program designed to test cognitive functioning. This test measures the player's symptoms; verbal and visual memory, processing speed and reaction time. It does NOT diagnose a traumatic head injury.

Sports to be tested include:

Football, B/G Soccer, Ice Hockey, Wrestling, B/G Basketball, B/G Lacrosse, Baseball, Softball, Field Hockey, Cheerleading, B/G Volleyball, B/G Tennis, B/G Swim & Dive, B/G Indoor/Outdoor Track & field, B/G Cross Country, B/G Crew, B/G Golf, B/G Bowling

POST INJURY ASSESSMENT

Neurocognitive testing in conjunction with a physician physical exam and additional diagnostic tests (as needed) will determine when a student-athlete will return to activity. Testing post-injury is subject to change on a case-by-case basis.

Non School Sponsored Event Concussions & Non-Athlete Concussions

Students that are non-athletes whom sustain a diagnosed concussion either outside of school or inside of school and are required by their treating physician to complete the step-wise return to play protocol will do so before returning to physical education classes. This will be monitored by the students school nurse and carried out by the students P.E teacher.

If a student sustains a concussion at a time other than engaged in a school-sponsored activity, the District expects the parent/legal guardian to report the condition to the school certified athletic trainer or school nurse so that the District can support the appropriate management of the condition.