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Students

SUBJECT: CONCUSSION MANAGEMENT POLICY

The Board of Education of the Andover Central School recognizes that concussions and head injuries are commonly reported injuries in children and adolescents who participate in sports or recreational activities. Therefore, the district adopts the following policy to support the proper evaluation and management of reported head injuries.

Concussion is a mild traumatic brain injury. Concussion occurs when normal brain functioning is disrupted by a blow or jolt to the head. Recovery from 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 those signs, symptoms or 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. Either the coach, Athletic Director, school nurse or school physician will notify the student's guardians or parents and recommend appropriate monitoring to the parents or legal 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 their teacher, coach, athletic director, school nurse or school physician so 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 (school physician). The school 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 the student's health care provider or school physician.

The Superintendent, in consultation with appropriate district staff, including the school physician, will be in compliance to follow regulations and protocols to guide the return to activity.

(Continued)

SUBJECT: CONCUSSION MANAGEMENT POLICY

The New York State Education Department recommends the following on concussion management:

- A commitment to implement strategies that reduce the risk of head injuries in the school setting and during sponsored events. Such strategies are resourced through the New York State Public High School Athletic Association
- A procedure and treatment plan developed to be utilized by the district staff who may respond to a person with a head injury.
- A procedure to ensure that the school nurse, Physical Education teachers and coaches
 have completed the NYSED approved required course. This policy addresses the
 educational needs of teachers and other appropriate staff, students and parents and legal
 guardians, as needed.
- A procedure for periodic review of the concussion management policy

After a head injury the coach, athletic director or school nurse shall complete the Head Injury Checklist. If any symptoms are observed, reassess in 30 minutes. If at that time any symptoms are observed student needs to be evaluated by their provider or emergency care. Parents are to be notified of any symptoms noted.

If a student is sent to their provider or emergency care send the Head Injury Doctor's Report which includes the Return to Play Progression Plan.

Remember, the student must be cleared and released on the same day, postdated releases will not be accepted.

(Continued)

Students

SUBJECT: CONCUSSION MANAGEMENT POLICY

Return to Play Progression Plan:

When a student is cleared by the school physician, they must follow this progression when resuming Physical Education or athletic activity:

<u>Phase 1</u>: low impact, non-strenuous, light aerobic activity such as walking or riding a stationary bike. If tolerated without the return of symptoms over a 24-hour period proceed to;

<u>Phase 2</u>: higher impact, higher exertion, and moderate aerobic activity such as running or jumping rope. No resistance training. If tolerated without the return of symptoms over a 24-hour period proceed to;

<u>Phase 3</u>: Sport-specific non-contact activity. Low resistance weight training with a spotter. If tolerated without the return of symptoms over a 24-hour period proceed to;

<u>Phase 4</u>: Sport-specific activity, non-contact drills. Higher resistance weight training with a spotter. If tolerated without the return of symptoms over a 24-hour period proceed to;

<u>Phase 5</u>: Full contact training drills and intense aerobic activity. If tolerated without the return of symptoms over a 24-hour period proceed to;

<u>Phase 6</u>: Return to full activities without restrictions.

Each step should take 24 hours so than an athlete would take approximately one week to proceed through the full rehabilitation protocol once he/she is asymptomatic at rest and with provocative exercise. If any post-concussion symptoms occur while in the stepwise program, 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.

Adopted: 9/30/13 Revised: 11/7/2022